

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000023260

FILED  
Sep 24, 2007  
Secretary of State

**Entity Name:** AMERICAN HEALTH IMAGING OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

1201 HAYS STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

1925 CAPITAL CIRCLE WAY  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

1201 HAYS STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

1800 CENTURY BLVD N. E.  
SUITE 1400  
ATLANTA, GA 30345 US

FEI Number: 35-2183436      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TALLAHASSEE HEALTH IMAGING, LLC  
1925 CAPITAL CIRCLE WAY  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TERRY CARRIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AMERICAN HEALTH IMAG, ING, INC.  
Address: SUITE 110, 625 DEKALB IND. WAY  
City-St-Zip: DECATUR, GA 30033

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AMERICAN HEALTH IMAG, ING, INC.  
Address: 1800 CENTURY BLVD NE SUITE 1400  
City-St-Zip: ATLANTA, GA 30345

Title: MGR ( ) Change (X) Addition  
Name: ARANT, SCOTT W OP MGR  
Address: 1925 CAPITAL CIRCLE WAY  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: CFO ( ) Change (X) Addition  
Name: ROTH, DIANE L CFO  
Address: 1925 CAPITAL CIRCLE WAY  
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DIANE L ROTH

CFO

09/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date