

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023260

FILED
Jan 09, 2008
Secretary of State

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

Current Principal Place of Business:

1925 CAPITAL CIRCLE WAY
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 35-2183436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 ROTH

CFO

01/09/2008

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