

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002749

FILED
Apr 28, 2004
Secretary of State

Entity Name: DOCTORS IMAGING, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

New Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

Current Mailing Address:

ONE PARK PLAZA
NASHVILLE, TN 37203

New Mailing Address:

P.O. BOX 750
LEGAL DEPT.
NASHVILLE, TN 37202 US

FEI Number: 45-0503563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: FRANCK, JOHN M II
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR () Change (X) Addition
Name: JOHNSON, R. MILTON
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR () Change (X) Addition
Name: MOORE, A. BRUCE JR.
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN M. FRANCK II

MGR

04/28/2004

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