


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000030171</b> 1. Entity Name PREMIER ADVANCED IMAGING OF ORLANDO, LLC	
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Principal Place of Business 1925 NORTH MILLS AVENUE ORLANDO, FL 32806	Mailing Address 1925 NORTH MILLS AVENUE ORLANDO, FL 32806
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**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 35-2183436	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

TALLAHASSEE HEALTH IMAGING, LLC 1925 CAPITAL CIRCLE WAY TALLAHASSEE, FL 32308
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tallahassee Health Imaging, LLC 4-27-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000347521  
04/30/05-80120-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARPENTIER, RONALD 610 CRESCENT EXECUTIVE CT., STE. 100 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS, CHARLIE 625 DEKALB IND. WAY STE 110 DECATUR, GA 30033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVANT, SCOTT 625 DEKALB IND. WAY STE 110 DECATUR, GA 30033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature] 4-27-05 (404) 296-588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #