

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000030171

1. Entity Name
PREMIER ADVANCED IMAGING OF ORLANDO, LLC



Principal Place of Business
**1925 NORTH MILLS AVENUE
ORLANDO, FL 32806**

Mailing Address
**1925 NORTH MILLS AVENUE
ORLANDO, FL 32806**



04102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2183436

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-06

**Filing Fee is \$50.00
Due by May 1, 2006**

**U00000515851
04/28/06-80221-001 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 exemptions contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-10-06

(404) 290-5887 x24