

L03000030172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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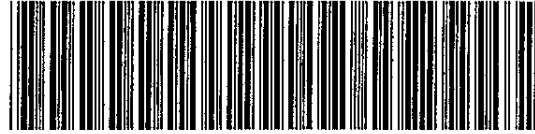
(Business Entity Name)

(Document Number)

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*Wiz/06/04*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PREMIER ADVANCED IMAGING OF LAKE MARY,  
(Name of corporation) LLC

DOCUMENT NUMBER: L 03 0000 30172

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT ARANT

(Name of contact person)

AMERICAN HEALTH IMAGING, INC.  
(Firm/Company)

625 DEKALB INDUSTRIAL WAY, #110  
(Address)

DECATUR, GA. 30033

(City/state and zip code)

For further information concerning this matter, please call:

SCOTT ARANT

(Name of contact person)

at (404) 294 5887 x222  
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 18, 2004

SCOTT ARANT  
AMERICAN HEALTH IMAGING, INC.  
625 DEKALB INDUSTRIAL WAY, #110  
DECATUR, GA 30033

SUBJECT: PREMIER ADVANCED IMAGING OF LAKE MARY, LLC  
Ref. Number: L03000030172

We have received your document for PREMIER ADVANCED IMAGING OF LAKE MARY, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is an LLC. Enclosure is the proper form for your entity.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 004A00065768

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- PREMIER ADVANCED IMAGING*
1. The name of the limited liability company is: OF LAKE MARY, LLC
2. The mailing address of the limited liability company is: 610 CRESCENT  
EXECUTIVE CT, LAKE MARY, FL 32746
3. Date of filing/registration in Florida 9/3/2003
4. Document number L03000030172

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY  
Name  
1201 HAYS STREET  
Address  
TALLAHASSEE, FL 32301  
City, State and Zip

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TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

TALLAHASSEE HEALTH IMAGING, LLC  
Name  
1925 CAPITAL CIRCLE WAY  
Florida street address (P.O. Box NOT acceptable)  
TALLAHASSEE FL 32308  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Diane Roth  
(Signature of a member or authorized representative of a member)

DIANE ROTH  
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Scott Zent  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314