

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L03000030172**

1. Entity Name  
**PREMIER ADVANCED IMAGING OF LAKE MARY, LLC**



Principal Place of Business

**610 CRESCENT EXECUTIVE COURT, SUITE 100  
LAKE MARY, FL 32746**

Mailing Address

**610 CRESCENT EXECUTIVE COURT, SUITE 100  
LAKE MARY, FL 32746**



04272005 No Chg-LLC

CR2E083 (10/03)

**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*

*4-27-05*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000347525  
04/30/05-80120-012 50.00

9. MANAGING MEMBERS/MANAGERS

|                |                                       |
|----------------|---------------------------------------|
| TITLE          | MGR                                   |
| NAME           | CARPENTIER, RONALD                    |
| STREET ADDRESS | 610 CRESCENT EXECUTIVE CT., SUITE 100 |
| CITY-ST-ZIP    | LAKE MARY, FL 32746                   |
| TITLE          | MGRM                                  |
| NAME           | WELLS, CHARLIE                        |
| STREET ADDRESS | 625 DEKALB INDUSTRIAL WAY, SUITE 110  |
| CITY-ST-ZIP    | DECATUR, GA 30033                     |
| TITLE          | MGRM                                  |
| NAME           | AVANT, SCOTT                          |
| STREET ADDRESS | 625 DEKALB INDUSTRIAL WAY, SUITE 110  |
| CITY-ST-ZIP    | DECATUR, GA 30033                     |
| 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4-27-05 (404) 296 888*