


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 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
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04102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2183436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 DATE 4-10-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

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

000000518114
04/29/06-80235-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARPENTIER, RONALD 610 CRESCENT EXECUTIVE CT., SUITE 100 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS, CHARLIE 625 DEKALB INDUSTRIAL WAY, SUITE 110 DECATUR, GA 30033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVANT, SCOTT 625 DEKALB INDUSTRIAL WAY, SUITE 110 DECATUR, GA 30033
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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] DATE: 4-10-06 (404) 296-5887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE