

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030172

FILED  
Jan 25, 2008  
Secretary of State

**Entity Name:** PREMIER ADVANCED IMAGING OF LAKE MARY, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

101 E. KENNEDY BLVD.  
SUITE 2350  
TAMPA, FL 33602

**FEI Number:** 35-2183436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CARPENTIER, RONALD  
Address: 610 CRESCENT EXECUTIVE CT., SUITE 100  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: WELLS, CHARLIE  
Address: 1800 CENTURY BLVD N.E. SUITE 1400  
City-St-Zip: ATLANTA, GA 30345

Title: MGRM ( ) Delete  
Name: AVANT, SCOTT  
Address: 1800 CENTURY BLVD N.E. SUITE 1400  
City-St-Zip: ATLANTA, GA 30345

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMIR GLOGAU

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01/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date