


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
 05 JUN 16 AM 1:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L04000032984			
1. Entity Name TALLAHASSEE DIAGNOSTIC IMAGING CENTER, LLC			
Principal Place of Business 1623 MEDICAL DRIVE TALLAHASSEE, FL 32308		Mailing Address 1623 MEDICAL DRIVE TALLAHASSEE, FL 32308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. MGRM ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALLAHASSEE MEDICAL CENTER, INC. <input checked="" type="checkbox"/> Delete 1623 MEDICAL DRIVE TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition Radiology Associates of Tallahassee, Inc. 1600 Phillips Road Tallahassee, Florida 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDICAL DRIVE VENTURES II, INC. <input type="checkbox"/> Delete 1623 MEDICAL DRIVE TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRIME MERIDIAN HEALTH VENTURES, INC. <input type="checkbox"/> Delete 1623 MEDICAL DRIVE TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500056489235 06/24/05--01007--601 ***50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHYSICIANS IMAGING PARTNERSHIP, INC. <input type="checkbox"/> Delete 1623 MEDICAL DRIVE TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Charles J. Holland 405 Piedmont Drive Tallahassee, Florida 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 partner or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <i>Robert A. Pierce</i>		Date: June 13, 2005 950/878-2595	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	