

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032984

FILED  
May 30, 2006  
Secretary of State

Entity Name: TALLAHASSEE DIAGNOSTIC IMAGING CENTER, LLC

**Current Principal Place of Business:**

1623 MEDICAL DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1623 MEDICAL DRIVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 20-1476610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301      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: MGRM ( ) Delete  
Name: RADIOLOGY ASSOCIATES, OF TALLAHASSEE, INC.  
Address: 1600 PHILLIPS ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: MEDICAL DRIVE VENTURES II, INC.  
Address: 1623 MEDICAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: PRIME MERIDIAN HEALTH, H VENTURES, INC.  
Address: 1623 MEDICAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: PHYSICIANS IMAGING PARTNERSHIP, INC.  
Address: 1623 MEDICAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: HOLLAND, CHARLES J  
Address: 405 PIEDMONT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

**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:

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 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: CARA J FOWLER

CFO

05/30/2006

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