

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032984

FILED
Jan 16, 2008
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 ()

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 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 FOWLER

CEO

01/16/2008

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