

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000032984

FILED
Nov 03, 2010
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:

1600 PHILLIPS ROAD
TALLAHASSEE, FL 32308

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
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011517 US

Name and Address of New Registered Agent:

FOWLER, CARA J
1600 PHILLIPS ROAD
TALLAHASSEE, FL 32308 US

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: CARA J FOWLER

11/03/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RADIOLOGY ASSOCIATES OF TALLAHASSEE, INC.
Address: 1600 PHILLIPS ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby 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

MGR

11/03/2010

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