

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032984

FILED  
Jan 04, 2011  
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:**

1600 PHILLIPS ROAD  
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:**

FOWLER, CARA J  
1600 PHILLIPS ROAD  
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: 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

MS

01/04/2011

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