

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032984

FILED
Jan 05, 2012
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 FOWLER

CFO

01/05/2012

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