2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076046

Entity Name: PREM-CHAR IMAGING, LLC

FILED Jun 01, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
2525 HARE SUITE 103 PORT CHA	BOR BLVD. ARLOTTE, FL 33952 US		
Current Mailing Address:		New Mailing Address:	
2525 HARBOR BLVD. SUITE 103 PORT CHARLOTTE, FL 33952 US			
FEI Number: 20-1768394 FEI Number Applied For () FEI Nu In accordance with s. 607.193(2)(b), F.S., the limited liability company did Name and Address of Current Registered Agent:			
BLACK, ME 2525 HARE SUITE 100 PORT CHA	D, BRENT D BOR BLVD #104 ARLOTTE, FL 33952 US named entity submits this statement for the purpose of	BLACK, MI 2525 HARE PORT CHA	D, BRENT D BOR BLVD #104 ARLOTTE, FL 33952 US
SIGNATUR	RE: BRENT D. BLACK MD Electronic Signature of Registered Agent		06/01/2007 Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	P () Delete BLACK, MD, BRENT D 2525 HARBOR BLVD #104 PORT CHARLOTTE, FL 33952	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V () Delete VALENTE, MD, MARGARET 2525 HARBOR BLVD #104 PORT CHARLOTTE, FL 33952	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ST () Delete WORD, MD, JANICE G 2525 HARBOR BLVD #104 PORT CHARLOTTE, FL 33952	Title: Name: Address: City-St-Zip:	ST (X) Change () Addition NORD, MD, JANICE G 2525 HARBOR BLVD #104 PORT CHARLOTTE, FL 33952
Title: Name: Address: City-St-Zip:	D () Delete CALLMAN, MD, MARK L 2525 HARBOR BLVD #104 PORT CHARLOTTE, FL 33952	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete COHEN, MD, JEROME B 2525 HARBOR BLVD #104 PORT CHARLOTTE, FL 33952	Title: Name: Address: City-St-Zip:	D (X) Change () Addition NOVAK, DAVID E 2525 HARBOR BLVD #104 PORT CHARLOTTE, FL 33952
Title: Name: Address: City-St-Zip:	D (X) Delete NOVAK, DAVID E 2525 HARBOR BLVD #104 PORT CHARLOTTE, FL 33952	Title: Name: Address: City-St-Zip:	() Change () Addition

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: DAVID E NOVAK D 06/01/2007