2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L04000076046

Entity Name: PREM-CHAR IMAGING, LLC

Current Principal Place of Business:

2525 HARBOR BLVD.
SUITE 103
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

2525 HARBOR BLVD.
SUITE 103
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

2525 HARBOR BLVD.
SUITE 104
PORT CHARLOTTE, FL 33952 US

FEI Number: 20-1768394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK, MD, BRENT D
2525 HARBOR BLVD #104
PORT CHARLOTTE, FL 33952 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:	P	( ) Delete
Name:	BLACK, MD, BRENT D	
Address:	2525 HARBOR BLVD #104	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	V	( ) Delete
Name:	VALENTE, MD, MARGARET	
Address:	2525 HARBOR BLVD #104	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	ST	( ) Delete
Name:	NORD, MD, JANICE G	
Address:	2525 HARBOR BLVD #104	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	(X) Delete
Name:	CALLMAN, MD, MARK L	
Address:	2525 HARBOR BLVD #104	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	(X) Delete
Name:	NOVAK, DAVID E	
Address:	2525 HARBOR BLVD #104	
City-St-Zip:	PORT CHARLOTTE, FL 33952	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	NOVAK, DAVID E	
Address:	2525 HARBOR BLVD #104	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
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: DAVID E. NOVAK MGR 04/21/2008

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