2007 LIMITED LIABILITY COMPANY

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Secretary of State ANNUAL REPORT 02-26-2007 90305 043 ****50.00 **DOCUMENT # L05000003637** 1. Entity Name TN IMAGING, LLC 40000105 Principal Place of Business Mailing Address 1401 CENTERVILLE ROAD, SUITE 300 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308-4639 TALLAHASSEE, FL 32308-4639 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2159381 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTIN, J. TRUE MD Street Address (P.O. Box Number is Not Acceptable) 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308-4639 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ++ PASSIDENT TITLE ☐ Delete TITLE Change ■ Addition NAME RUMANA, CHRISTOPHER \$ NAME STREET ADDRESS 1401 CENTERVILLE ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323084639 CITY-ST-ZIP SECHETAM TITLE ☐ Delete Addition ALKJ CUFFE, THE NAME NAME 140 1 CONTERVIUE LOSO SULTE SAD STREET ADDRESS STREET ADDRESS Tou mansier, FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIBE **⊟** Addition winston a. ordiz NAME NAME 1401 Conton Vivo Ro Suite 300 STREET ADDRESS STREET ADDRESS TOURS JA, SHERNING TO BE 3 304 CITY-ST-ZIP CITY-ST-ZIP VICE PROSIPORT TITLE Delete TITLE **⊞** ⊀ddition RICARDO AMPLA, M.P. NAME NAME IN OI CENTORNUE ROPO, SUITE SEO

FILED Feb 26, 2007 8:00 am

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empoyer at to execute this report as required by Chapter 608, Florida Statutes.

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Kimsna Stailor RISTEP CHOS SIGNATURE:

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000003637 1. Entity Name TN IMAGING, LLC					ATTACHMENT				
Principal Place of Business 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308-4639		Mailing Address 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308-4639			(Illustra	200	051	08	
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02202007	Chg-LLC	CR2E083	3 (12/06)	
City & State		City & State			4. FEI Number 20-2159	umber 2159381			olied For Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired Status Desired Fee Required				
-	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New R	legistered Ag	ent	
1401 CEN	I. TRUE MD TERVILLE ROAD, SUITE 300 SSEE, FL 32308-4639				O. Box Numbe	r is Not Acceptable	ө)		
			City					Zip Code	
8. The above		or registere	d agent, or boti	n, in the State of Flo	FL orida. I am far				
the obligat	ions of registered agent.		•		•				·
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sig	nature required v	rhen reinstating)		DATE		
	ling Fee is \$50.00 ue by May 1, 2007						te check pay a Departmer	-).
9.	MANAGING MEMBE	·	10.		E PHEET P	ADDITIONS		Chann	Addition
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indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truster	that my signature shall have to empowered to execute this r	he same legal e eport as require	ffect as if ma d by Chapte	ade under oath; er 608, Florida S	that I am a mana; tatutes.	ging member	nat the infor or manager	mation of the
SIGNATURE: SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Despring Phone #									
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