

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90305 043 ****50.00

DOCUMENT # L05000003637

1. Entity Name
TN IMAGING, LLC



Principal Place of Business
1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 32308-4639

Mailing Address
1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 32308-4639

400003102



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
20-2159381

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, J. TRUE MD
1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 32308-4639

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR + PRESIDENT ☐ Delete
NAME RUMANA, CHRISTOPHER S
STREET ADDRESS 1401 CENTERVILLE ROAD, SUITE 300
CITY-ST-ZIP TALLAHASSEE, FL 323084639

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition
NAME MARK J. CUFFE, M.D.
STREET ADDRESS 1401 CENTERVILLE ROAD, SUITE 300
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TRADITIONAL ☐ Change ☒ Addition
NAME WINSTON R. ORTIZ, M.D.
STREET ADDRESS 1401 CENTERVILLE ROAD, SUITE 300
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME RICARDO AYALA, M.D.
STREET ADDRESS 1401 CENTERVILLE ROAD, SUITE 300
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME J. TRUE MARTIN, M.D.
STREET ADDRESS 1401 CENTERVILLE ROAD, SUITE 300
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME VILSON MALLIN, M.D.
STREET ADDRESS 1401 CENTERVILLE ROAD, SUITE 300
CITY-ST-ZIP TALLAHASSEE, FL 32308

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.


SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000003637 1. Entity Name TN IMAGING, LLC						ATTACHMENT <i>20005108</i>	
Principal Place of Business 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308-4639				Mailing Address 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308-4639			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			02202007 Chg-LLC CR2E083 (12/06)	
City & State Zip Country			City & State Zip Country			4. FEI Number 20-2159381	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARTIN, J. TRUE MD 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308-4639				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUMANA, CHRISTOPHER S 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 323084639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LEONARD P. PASILVA, M.D. 1401 CENTERVILLE RD, SUITE 300 TALLAHASSEE, FL 32308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUMANA, CHRISTOPHER S 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 323084639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALBERT S. LEE, M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUMANA, CHRISTOPHER S 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 323084639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALBERT S. LEE, M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308		
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11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <i>Christopher Rumana</i>				SIGNATURE: <i>Albert S. Lee</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 06/26/07 Daytime Phone # 8508775115			