2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# L05000003637

Entity Name: TN IMAGING, LLC

Current Principal Place of Business:

1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 323084639

New Principal Place of Business:

Current Mailing Address:

1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 323084639

New Mailing Address:

FEI Number: 20-2159381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, J. TRUE MD
1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 323084639 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:	MGR	( ) Delete
Name:	RUMANA, CHRISTOPHER S	
Address:	1401 CENTERVILLE ROAD, SUITE 300	
City-St-Zip:	TALLAHASSEE, FL 323084639	
Title:	S	( ) Delete
Name:	CUFFE, MARK J MD	
Address:	1401 CENTERVILLE RD STE 300	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	T	( ) Delete
Name:	ORTIZ, WINSTON R MD	
Address:	1401 CENTERVILLE RD STE 300	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	V	( ) Delete
Name:	AYALA, RICARDO MD	
Address:	1401 CENTERVILLE RD STE 300	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	V	( ) Delete
Name:	MARTIN, J. TRUE MD	
Address:	1401 CENTERVILLE RD STE 300	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	V	( ) Delete
Name:	MULLIN, VILDAN MD	
Address:	1401 CENTERVILLE RD STE 300	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	RUMANA, CHRISTOPHER S MD	
Address:	1401 CENTERVILLE RD, SUITE 300	
City-St-Zip:	TALLAHASSEE, FL 323084639	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: CHRISTOPHER S RUMANA, MD MGR 01/15/2008

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