

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003637

FILED
Mar 31, 2009
Secretary of State

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 MD
Address: 1401 CENTERVILLE RD, 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
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Title: () Change () Addition
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Title: () Change () Addition
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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

03/31/2009

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