2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003637

Entity Name: TN IMAGING, LLC

FILED Jan 13, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 323084639

Current Mailing Address: New Mailing Address:

1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 323084639

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTIN, J. TRUE MD 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 323084639 US

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

 Name:
 RUMANA, CHRISTOPHER S MD

 Address:
 1401 CENTERVILLE RD, SUITE 300

 City-St-Zip:
 TALLAHASSEE, FL 323084639

Title: S

Name: CUFFE, MARK J MD

Address: 1401 CENTERVILLE RD STE 300 City-St-Zip: TALLAHASSEE, FL 32308

Title:

 Name:
 ORTIZ, WINSTON R MD

 Address:
 1401 CENTERVILLE RD STE 300

 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: ∨

Name: AYALA, RICARDO MD

Address: 1401 CENTERVILLE RD STE 300
City-St-Zip: TALLAHASSEE, FL 32308

Title: V

Name: MARTIN, J. TRUE MD

Address: 1401 CENTERVILLE RD STE 300 City-St-Zip: TALLAHASSEE, FL 32308

Title: \

Name: MULLIN, VILDAN MD

Address: 1401 CENTERVILLE RD STE 300 City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 Statues.

SIGNATURE: VILDAN MULLIN, MD V 01/13/2010