



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company FLORIDA IMAGING NETWORK, LLC. 9204 KING PALM DRIVE TAMPA FL 33619		DOCUMENT #L96000000265 1a. Principal Place of Business Address 9204 KING PALM DRIVE TAMPA FL 33619	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/07/1996 3a. State of Formation FL 4. FEI Number 59-3358700 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> See 25 Additional Fee Required	
7. Name and Address of Current Registered Agent REID, BRAD DRS. SHEER, AHEARN & ASSOCIATES, P.A 9204 KING PALM DRIVE TAMPA FL 33619		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100002169191--9 Suite, Apt. #, etc. -05/07/97--01044--031 ****203.75 ****203.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PRICE, HOFFMAN, STONE &	747 SIXTH AVENUE SOUTH	ST. PETERSBURG FL
MGRM	RADIOLOGY ASSOCIATES,	1000 S. FORT HARRISON AV	CLEARWATER FL
MGRM	RADIOLOGY ASSOCIATES O	4719 HABANA AVENUE	TAMPA FL
MGRM	RADIOLOGY ASSOCIATES,	6806 CECELIA DRIVE	NEW PORT RICHEY FL
MGRM	RADIOLOGY ASSOCIATES,	1395 SOUTH PINELLAS AVEN	TARPON SPRINGS FL
MGRM	DRS. SHEER, AHEARN & A	9204 KING PALM DRIVE	TAMPA FL
			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		9/28/97 813 626-1722	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	