

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # L96000000265****1. Entity Name**  
FLORIDA IMAGING NETWORK, LLC.

<b>Principal Place of Business</b> 9204 KING PALM DRIVE  TAMPA FL 33619	<b>Mailing Address</b> 9204 KING PALM DRIVE  TAMPA FL 33619
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State	<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State
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<b>4. FEI Number</b> <b>59-3358700</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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DO NOT WRITE IN THIS SPACE

<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  REID BRAD DRS. SHEER, AHEARN & ASSOCIATES, P.A. 9204 KING PALM DRIVE TAMPA FL 33619 US	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>04/25/2001</b> DATE
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

<b>9. MANAGING MEMBERS / MEMBERS</b>		<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete DRS. SHEER, AHEARN & ASSOCIATES, P.A. 9204 KING PALM DRIVE TAMPA FL 33619	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete RADIOLOGY ASSOCIATES OF TARPON SPRINGS % 1395 SOUTH PINELLAS AVENUE TARPON SPRINGS FL 34689	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete RADIOLOGY ASSOCIATES 6806 CECILIA DRIVE NEW PORT RICHEY FL 34653	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete RADIOLOGY ASSOCIATES OF TAMPA, P.A. 4719 HABANA AVENUE TAMPA FL 33614	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete RADIOLOGY ASSOCIATES OF CLEARWATER % 1000 S. FORT HARRISON AVENUE CLEARWATER FL 34617	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete PRICE, HOFFMAN, STONE & ASSOCIATES, M.D.S PA 747 SIXTH AVENUE SOUTH ST. PETERSBURG FL 33701	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I 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 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.**

<b>SIGNATURE:</b> MICHAEL P. FLYNN, M.D.	<b>P</b>	<b>04/25/2001</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)