
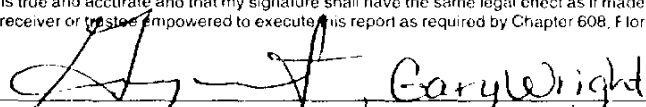


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED APR -7 PM 5:00 TAMPA, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1 Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000003053		1a. Principal Place of Business Address	
PRESGAR IMAGING OF JUPITER, L.L.C. 15310 AMBERLY DRIVE, SUITE 315 TAMPA FL 33647				15310 AMBERLY DRIVE, SUITE 3 TAMPA FL 33647	
2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
654 W. Indian Creek Rd				12/08/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
Suite 107				FL	
City & State		City & State		4. FEI Number	
Jupiter, FL				51-3537565	
Zip		Country		5. Date of Last Report	
33458		USA		N/A	
Palm Beach				6. Certificate of Status Desired	
				58.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA FL 33602				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				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) (Print Name of Registered Agent) (Print Name of Limited Liability Company)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PRESGAR MEDICAL IMAGIN	15310 AMBERLY DRIVE, SUITE		TAMPA FL	
MGRM	MEDICAL ASSET MANAGEME	5405 OKEECHOBEE BLVD., SUI		WEST PALM BEACH FL	
				800002842858-1	
				-04/16/93--01101--021	
				****188.75 ****188.75	
				TAX APR 14 1999	
11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  Cary Wright 3/31/99 813/977-8758					