

**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

APPROVED  
AND  
FILED

97 FEB 24 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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  
**DOCUMENT #M95000000034**  
PRESGAR IMAGING OF FLORIDA, LLC, LIMITED C  
OMPANY  
15310 AMBERLY DRIVE  
SUITE ~~110~~  
TAMPA FL 33647

1a. Principal Place of Business Address

15310 AMBERLY DRIVE  
SUITE 110  
TAMPA FL 33647

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

02/01/1995

TN

4. FEI Number

☐ Applied For

☐ Not Applicable

62-1588342

5. Date of Last Report

6. Certificate of Status Desired

03/06/1996

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

WRIGHT, GARY  
C/O PRESGAR MEDICAL IMAGING, INC.  
15310 AMBERLY DRIVE, SUITE ~~110~~  
TAMPA FL 33647

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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
MRGM	WRIGHT, GARY	15310 AMBERLY DRIVE, STE.	TAMPA FL
			100002097631--1 -02/25/97--01148--007 ****203.75 ****203.75

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/21/97 (813) 977-8756