


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 20 PM 1:18 SECRETARY OF STATE TALLAHASSEE, 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 # M96000000527			
PRESGAR IMAGING OF SARASOTA, LLC 5214 MARYLAND WAY, NUMBER 405 BRENTWOOD TN 37027		1a. Principal Place of Business Address 5214 MARYLAND WAY, NUMBER 40 BRENTWOOD TN 37027			
2. Principal Place of Business 15310 Amberly Drive Suite, Apt. #, etc. Suite 315 City & State Tampa, FL Zip 33647 Country Hillsborough		2a. Mailing Address 15310 Amberly Drive Suite, Apt. #, etc. Suite 315 City & State Tampa, FL Zip 33647 Country Hillsborough		3. Date Organized or Qualified 12/24/1996 3a. State of Formation TN 4. FEI Number 62-1660706 5. Date of Last Report 03/21/1997 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WRIGHT, GARY W	15310 AMBERLY DR, STE. 315		TAMPA FL 33647 400002503674--6 -04/28/98--01096--023 *****566.25 *****188.75 4/21/98	

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:

Gary Wright 4/10/98 (813) 977-8756

SIGNATURE AND TYPE (OR PRINT) NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #