

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** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 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

Applied For

Not Applicable

5. Date of Last Report

03/21/1997

6. Certificate of Status Desired

\$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

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 \_\_\_\_\_

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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--8 -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) (f), 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*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/10/98 (813) 977-8756  
Date Daytime Phone #