

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023260

**Entity Name:** AMERICAN HEALTH IMAGING OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

1925 CAPITAL CIRCLE WAY  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2200 CENTURY PARKWAY NE  
SUITE 600  
ATLANTA, GA 30345 US

**FEI Number:** 35-2183436

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TALLAHASSEE HEALTH IMAGING, LLC  
1925 CAPITAL CIRCLE WAY  
TALLAHASSEE, FL 32308 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name AMERICAN HEALTH IMAGING, INC.  
Address 2200 CENTURY PARKWAY NE SUITE 600  
City-State-Zip: ATLANTA GA 30345

Title MGR  
Name ARANT, SCOTT WOP MGR  
Address 1925 CAPITAL CIRCLE WAY  
City-State-Zip: TALLAHASSEE FL 32308

Title CFO  
Name JANIS, STEPHEN RCFO  
Address 1925 CAPITAL CIRCLE WAY  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN JANIS

**CFO**

**03/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date