

AMENDED

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the sime prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

(R.I.G.L. 7-16-66 (be						
1. ID No. 122685	1		ited liability company T Services, LLC			
3. State of Formation		4. Brief descrip	tion of the character of the business u	bich is actually conducted in	Rhode Island	
Rhode Island		Dermatolo	gy and cosmetic services.			
5 Principal office address 600 Federal Street			City Andover	State MA	21p 01810	
6. MAILING ADI Contact Name Richard S. Jone		IMITED LIAI	BILITY COMPANY AND NAM	E OR TITLE OF CONTA	ACT PERSON:	· •
Street Address				City	State	Zip
1900 S. State College Blvd., Suite 600			Anaheim	CA	92806	
Manager Name Minal Amin Street Address		FILL IN	AGER OF THE LIMITED LIAI SPACES BEFORE USING AT	TACHMENTS ("X" BO) Manager Name Kristen Osborn	X FOR ATTACHMENT)	
	g, Inc., 19(00 S. State	College, Blvd., Ste. 600	Street Address Alliance Imaging,	Inc., 1900 S. State Co	llege, Blvd., Ste. 600
City		State	Zip	Ciry	State	Ζip
Anaheim		CA	92806	Anaheim	CA	92806
Manager Name Richard S. Jon	es			Manager Name Louis Masella		
Street Address Alliance Imagin	ıg, İnc., 19	00 S. State	College, Blvd., Ste. 600	Street Address Alliance Imaging, I	nc., 1900 S. State Co	llege, Blvd., Ste. 600
շոյ։ Anaheim		State CA	^{Zip} 92806	Cily Anaheim	State CA	92806 D
8. RESIDENT AGI This information is			Office of the Secretary of State	. Changes require filing o	of Form 642 - R.I.G.L. 7-10	92806
						P

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

122685

File Date	FILED
Check No.	APR 1 0 2009
Ву	By Kunc
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and af	firm that I have examined this report,
ncluding any accompanying schedules a	nd statements, and that all statements
contained herein are true and correct.	\cap

Signature of Authorized Person

Richard S. Jones

Print or Type Name of Authorized Person

Form 632 Rev. 08/08



Attachment to 2008 Rhode Island Annual Report

Rhode Island PET Services, LLC Corporate ID # 122685

Additional Directors:

Saint Joseph Health Services of Rhode Island 200 High Service Avenue
200 High Service Avenue
North Providence, RI 02904
Anne Casey
Roger Williams Medical Center
825 Chalkstone Avenue
Providence, RI 02908
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SECRETARIONS DIVE



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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

