

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90118 049 \*\*\*\*50.00

<b>DOCUMENT # L04000092554</b>					
<b>1. Entity Name</b> TOWER OPENSAN MRI, LLC					
<b>Principal Place of Business</b> 511 WEST BAY STREET, SUITE 301 TAMPA, FL 33606			<b>Mailing Address</b> 511 WEST BAY STREET, SUITE 301 TAMPA, FL 33606		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City			
<b>6. Name and Address of Current Registered Agent</b> F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202					
<b>Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL Zip Code					
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-stating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>QUESTAR TAMPA, INC.</b> 3916 WEST SWANN AVENUE TAMPA, FL 33609		<input checked="" type="checkbox"/> Delete	<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>NEW IMAGING VENTURES, INC.</b> 511 WEST BAY STREET, SUITE 301 TAMPA, FL 33606		<input checked="" type="checkbox"/> Delete	<b>PD</b> <b>DEL TORO, MIGUEL H.</b> 511 W. BAY ST., # 301 TAMPA, FL 33606	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]		<input type="checkbox"/> Delete	<b>SD</b> <b>ESPINO-MAYA, MARILYN</b> 511 W. BAY ST., # 301 TAMPA, FL 33606	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]		<input type="checkbox"/> Delete	[Empty]	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]		<input type="checkbox"/> Delete	[Empty]	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]		<input type="checkbox"/> Delete	[Empty]	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]		<input type="checkbox"/> Delete	[Empty]	
<b>11. I 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 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.</b>					
<b>SIGNATURE:</b> _____				4-26-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
Daytime Phone #				[Empty]	

30007535



04262005 Chg-LLC CR25083 (10/03)

4. FEI Number  
59-3411014

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code