2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

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DOCUMENT # L0400092554 1. Entity Name TOWER OPENSCAN MRI, LLC							05-04-2006 9	90025 05	50 ****50	0.00	
Principal Place of Business 511 WEST BAY STREET, SUITE 301 TAMPA, FL 33606		Mailing Address 511 WEST BAY STREET, SUITE 301 TAMPA, FL 33606									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03142006	Chg-LLC	CR2E	083 (11/05)		
City & State		City & State			4. FEI Number Applied For 59-3411014 Not Applicable						
Zip	Country	Zip	Count	ry		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Ī			7. Name and	Address of New R	Registered A	Agent		
F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202				Name Street Ac	ddress (f	ress (P.O. Box Number is Not Acceptable)					
			}	City				FL	Zip Cod	е	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its i	egistere	d office or	registere	ed agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signatur	re required	when reinstating)		DATE			
Fi	Signature, typed or printed name of registered agent illing Fee is \$50.00 / ue by May 1, 2006	and title if applicable. (NOTE	Registered	i Agent signatu	re required	when reinstating)	Florida	e check p a Departm	ent of State	8	
Fi	iling Fee is \$50.00		Registered	Agent signatur	re required	when reinstating)		e check p a Departm	ent of State	9	
Fi Di	iling Fee is \$50.00 / ue by May 1, 2006		10. TITLE NAME STREE	ET ADORESS	Pb Ote	ro, Raul J Bay St	ADDITIONS, R, reet, # 301	e check p a Departm	ent of State	9	
9. IIILE NAME STREET ADDRESS	MANAGING MEMBE PD DEL TORO, MIGUEL H 511 W BAY STREET, #301	RS/MANAGERS	10. TITLE NAME STREE CITY- TITLE NAME STREE	ET ADORESS ST-ZIP	Pb Ote SIIV Tam VD Bara 511V	ro, Raul N Bay St Pa, FL 3 N, Gregg N, Bay S	ADDITIONS, R, reet, # 301 33606 3 A. treet, # 30	te check partment of the check partment of t	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE PD DEL TORO, MIGUEL H 511 W BAY STREET, #301 TAMPA, FL 33606 SD ESPINO-MAYA, MARILIN 511 W BAY STREET, #301	RS/MANAGERS Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE	ET ADORESS ST-ZIP ET ADORESS ST-ZIP	PD Ote SIII VD Bara SII VTam SD Kec SII	ro, Raul N Bay St Pa, FL 3 N, Bay S Pa, FL 3 W. Bay S	ADDITIONS, R, reet, # 301 33606 3A. treet, # 30 33606	te check partmeter of the check partmeter of	Change	⊠ Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBE PD DEL TORO, MIGUEL H 511 W BAY STREET, #301 TAMPA, FL 33606 SD ESPINO-MAYA, MARILIN 511 W BAY STREET, #301	RS/MANAGERS	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	PD Ote SIII VD Bara SII VTam SD Kec SII	ro, Raul N Bay St Pa, FL 3 In, Gregg N. Bay S Pa, FL 3	ADDITIONS, R, reet, # 301 33606 3A. treet, # 30 33606	te check partmeter of the check partmeter of	Change	☑ Addition ☑ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Dete

Davtime Phone #

SIGNATURE: Kan TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE