

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000006543

**Entity Name:** INNOVATIVE OPEN MRI OF PENSACOLA, LLC

**Current Principal Place of Business:**

13905 CARROLLWOOD VILLAGE RUN  
TAMPA, FL 33618

**Current Mailing Address:**

P.O. BOX 270543  
TAMPA, FL 33688 US

**FEI Number:** 45-4269089

**Certificate of Status Desired:** No

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

RUSHING, ROBERT S  
801 WEST ROMANA ST.  
SUITE A  
PENSACOLA, FL 32503 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 MGR  
Name HARLIN, STUART A. DR.  
Address 2216 ARLINGTON STREET  
City-State-Zip: HOUSTON TX 77008

Title MGR  
Name MONTGOMERY, AARON B. DR.  
Address 5149 NORTH 9TH AVE  
SUITE 120  
City-State-Zip: PENSACOLA FL 32504

Title MGR  
Name LECROY, CHRISTOPHER J. DR.  
Address 5149 NORTH 9TH AVE  
SUITE 120  
City-State-Zip: PENSACOLA FL 32504

Title MGR  
Name STANLEY, PAUL  
Address 13905 CARROLLWOOD VILLAGE RUN  
City-State-Zip: TAMPA FL 33618

*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:** PAUL STANLEY

**MANAGER**

**04/14/2016**

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

\_\_\_\_\_  
Date