

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009052

FILED
Apr 26, 2005
Secretary of State

Entity Name: OKEECHOBEE OPEN MRI, L.L.C.

Current Principal Place of Business:

1615 NW FEDERAL HWY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1615 NW FEDERAL HWY
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-1027399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

WALKER, ANDREW T M.D.
1615 NW FEDERAL HWY
STUART, FL 34994 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: ANDREW T. WALKER, M.D.

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GALLANT, ANDREW
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994

Title: MGR () Delete
Name: WALKER, ANDREW
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994

Title: MGR () Delete
Name: ZAYAS, HENRY
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: ANDREW T. WALKER, M.D.

MGR

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date