

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L00000009052

1. Entity Name

OKEECHOBEE OPEN MRI, L.L.C.



Principal Place of Business

1615 NW FEDERAL HWY
STUART, FL 34994 US

Mailing Address

1615 NW FEDERAL HWY
STUART, FL 34994 US



04102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1027399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GALLANT, ANDREW
STREET ADDRESS 1615 NW FEDERAL HWY
CITY-ST-ZIP STUART, FL 34994

TITLE MGR
NAME WALKER, ANDREW
STREET ADDRESS 1615 NW FEDERAL HWY
CITY-ST-ZIP STUART, FL 34994

TITLE MGR
NAME ZAYAS, HENRY
STREET ADDRESS 1615 NW FEDERAL HWY
CITY-ST-ZIP STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000716105
04/29/07-80003-001 50.00

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/16/07 772-878-5858

Date

Daytime Phone #