2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009052

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

Principal Place of Business	Mailing Address
1615 NW FEDERAL HWY STUART, FL 34994 US	1615 NW FEDERAL HWY STUART, FL 34994 US

DO NOT WRITE IN THIS SPACE

01222008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
65-1027399	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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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/08-80080-022 138.75

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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.

SIGNATURE: _____   2/14/08   772-878-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Andrew S. Gallant