

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90004 049 ****50.00

DOCUMENT # L01000016859

1. Entity Name
OPEN MRI HOLDING COMPANY, LLC



Principal Place of Business
**226 SOUTH PALAFOX PLACE, STE 101-B
PENSACOLA, FL 32501**

Mailing Address
**226 SOUTH PALAFOX PLACE, STE 101-B
PENSACOLA, FL 32501**

24082952



08232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755216

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PACHECO, EVELYN
226 SOUTH PALAFOX PL, STE 101-B
PENSACOLA, FL 32501**

**DO NOT WRITE
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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PACHECO, EVELYN 226 SOUTH PALAFOX PL, STE 101-B PENSACOLA, FL 32501
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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

Evelyn Pacheco
Evelyn Pacheco

Date

Daytime Phone #

(850) 494-2044
(850) 494-2044