

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000016859 1. Entity Name OPEN MRI HOLDING COMPANY, LLC	
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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
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02172005No Chg-LLC

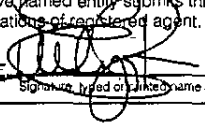
CR2E083 (10/03)

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
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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

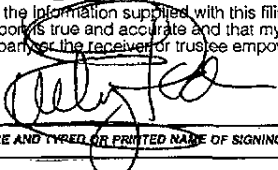
**Filing Fee is \$50.00
Due by May 1, 2005**

U00000362821
05/05/05-20134-006 50.00

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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**DO NOT WRITE
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)(f), 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:  Evelyn Pacheco 434-6674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #