

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90059 026 ****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
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20047059



05242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business <i>4400 Bayou Blvd</i>	3. Mailing Address <i>4400 Bayou Blvd</i>
Suite, Apt. #, etc. <i>15</i>	Suite, Apt. #, etc. <i>15</i>
City & State <i>Pensacola FL</i>	City & State <i>Pensacola FL</i>
Zip <i>32503</i>	Country <i>Escambia</i>

4. FEI Number 59-3755216	Applied For <input type="checkbox"/> Not Applicable
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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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to -
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PACHECO, EVELYN 226 SOUTH PALAFOX PL, STE 101-B PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>mgr</i> <i>Pacheco Evelyn</i> <i>4400 Bayou Blvd, Ste 15</i> <i>Pensacola, FL 32503</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 transferor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Evelyn Pacheco* **850-494-2044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #