

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033170

Entity Name: SELECT OPEN MRI, LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

8462 NORTHCLIFFE BLVD.
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

687 ALDERMAN RD
#202
PALM HARBOR, FL 34683

New Mailing Address:

8462 NORTHCLIFFE BLVD.
SPRING HILL, FL 34606

FEI Number: 61-1437338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRIS, MICHAEL E
2469 ENTERPRISE ROAD
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUY, JOHN
Address: 400 EAST TARPON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: WALKER, MICHAEL L
Address: 777 ALDERMAN ROAD
City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WALKER, MICHAEL L
Address: 2600 TAMPA RD
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Change (X) Addition
Name: STUERMER, EMIL S
Address: 8462 NORTHCLIFFE BLVD.
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EMIL SCOTT STUERMER

MGRM

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date