2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L02000033170

Entity Name: SELECT OPEN MRI, LLC

Current Principal Place of Business:

8462 NORTHCLIFFE BLVD.
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

8462 NORTHCLIFFE BLVD.
SPRING HILL, FL 34606

New Mailing Address:

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: 2600 TAMPA RD
City-St-Zip: PALM HARBOR, FL 34684

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WALKER, MICHAEL L
Address: 2605 ENTERPRISE RD. E., STE 168
City-St-Zip: CLEARWATER, FL 33759

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

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 S. STUERMER MGRM 01/04/2007

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