

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033170

Entity Name: SELECT OPEN MRI, LLC

FILED  
Feb 20, 2008  
Secretary of State

**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: 2605 ENTERPRISE RD. E., STE 168  
City-St-Zip: CLEARWATER, FL 33759

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

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

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

02/20/2008

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