

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027017

**FILED**  
**Mar 29, 2007**  
**Secretary of State**

**Entity Name:** OPEN MRI OF DELRAY LLC

**Current Principal Place of Business:**

15127 JOG RD  
SUITE 101  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

15127 JOG RD  
SUITE 101  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 56-2420868      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHIESS, MICHAEL  
400 S DIXIE HWY, STE 121  
BOCA RATON, FL 33432      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: LHOTKA, JOSEPH  
Address: 22564 CARVELLE CIRCLE  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM      ( ) Delete  
Name: SCHIESS, MICHAEL  
Address: 6139 VIA VENETIA SOUTH  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES:**

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 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: MICHAEL E SCHIESS      MGRM      03/29/2007

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