

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027017

FILED
Mar 22, 2009
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:

880 NW 13TH. STREET
SUITE 101
BOCA RATON, FL 33486

Current Mailing Address:

15127 JOG RD
SUITE 101
DELRAY BEACH, FL 33484

New Mailing Address:

880 NW 13TH. STREET
SUITE 101
BOCA RATON, FL 33486

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:

SCHIESS, MICHAEL E
880 NW 13TH. STREET
BOCA RATON, FL 33486 US

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: MICHAEL SCHIESS

03/22/2009

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MICHAEL, SCHIESS E
Address: 880 NW 13TH STREET
City-St-Zip: BOCA RATON, FL 33486

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: MICHAEL SCHIESS

MGRM

03/22/2009

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