

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036612

FILED  
Jan 18, 2008  
Secretary of State

**Entity Name:** COMMONWEALTH ORTHOPAEDIC CENTERS MRI, LLC

**Current Principal Place of Business:**

500 THOMAS MOORE PARKWAY  
SUITE 6  
CRESTVIEW HILLS, KY 41017 US

**New Principal Place of Business:**

560 SOUTH LOOP RD  
EDGEWOOD, KY 41017 US

**Current Mailing Address:**

PO BOX 2377  
TAMPA, FL 33601 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CORE MEDICAL, LLC  
710 WEST BAY STREET  
B  
TAMPA, FL 33606 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: CORE MEDICAL, LLC,  
Address: PO BOX 2377  
City-St-Zip: TAMPA, FL 33601 US

**ADDITIONS/CHANGES:**

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: RICH OWENS

MGR

01/18/2008

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