

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036612

**FILED**  
**Feb 17, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

560 SOUTH LOOP RD  
EDGEWOOD, KY 41017 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2377  
TAMPA, FL 33601 US

**New Mailing Address:**

6822 -- 22ND AVE NORTH  
PMB 430  
ST. PETERSBURG, FL 33710 US

**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:**

CORE MEDICAL, LLC  
5959 CENTRAL AVE  
STE 100  
ST. PETERSBURG, FL 33710 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:

02/17/2009

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: MGRM (X) Change ( ) Addition  
Name: CORE MEDICAL, LLC,  
Address: 5959 CENTRAL AVE, STE 100  
City-St-Zip: ST. PETERSBURG, FL 33710 US

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: GAYLA HIEBER

MGR

02/17/2009

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