

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036779

Entity Name: FLATIRONS MRI, LLC

FILED
Mar 08, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 2377
TAMPA, FL 33601 US

New Principal Place of Business:

363 CENTENNIAL PARKWAY
SUITE 120, CORPORATE CENTER II
LOUISVILLE, CO 80027 US

Current Mailing Address:

PO BOX 2377
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 30-0177445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTENBERRY, THOMAS T III
710 WEST BAY STREET
B
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

CORE MEDICAL, LLC
710 WEST BAY STREET
B
TAMPA, FL 33606 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: MELISSA TROXEL

03/08/2007

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 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: MELISSA TROXEL

MGR

03/08/2007

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