

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036779

Entity Name: FLATIRONS MRI, LLC

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

363 CENTENNIAL PARKWAY
SUITE 120, CORPORATE CENTER II
LOUISVILLE, CO 80027 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: 30-0177445

FEI Number Applied For ()

FEI Number Not Applicable ()

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
SUITE 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: GAYLA HIEBER

01/22/2009

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

01/22/2009

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