

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010063

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** NAVARRE OPEN MRI, L.L.C.

**Current Principal Place of Business:**

7552 NAVARRE PARKWAY  
#29  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

1112 HOSPITAL ROAD  
B  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

7552 NAVARRE PARKWAY  
#29  
NAVARRE, FL 32566

FEI Number: 61-1518031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FREUDENBERGER, KEITH  
907 JASON DRIVE  
NICEVILLE, FL 32578 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  
Name: FORT WALTON OPEN MRI, L.L.C.  
Address: 907 JASON DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM  
Name: HATAWAY, L.P.  
Address: 123 OVERLOOK POINTE DRIVE  
City-St-Zip: RIDGELAND, MS 39157

Title: MGRM  
Name: VAN SKIVER, WARD W SR.  
Address: 4316 OLD CANTON ROAD, SUITE 100-B  
City-St-Zip: JACKSON, MS 39211

I hereby 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: KEITH FREUDENBERGER

MGRM

04/27/2010

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