

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109606

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** TAMPA MRI , LLC

**Current Principal Place of Business:**

4726 NORTH HABANA AVENUE  
SUITE 104  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4726 NORTH HABANA AVENUE  
SUITE 104  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 80-0315625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAINAS, ADRIANA L  
2306 ST. JOSEPH STREET  
TAMPA, FL 33607 US

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

GARI, JOSEPH M  
2805 NORTH ARMENIA AVENUE  
TAMPA, FL 33607 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: JOSEPH M. GARI

04/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GARI, JOSEPH M  
Address: 2805 NORTH ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33607

Title: MGR  
Name: CAINAS, ADRIANA L  
Address: 2306 ST. JOSEPH  
City-St-Zip: TAMPA, FL 33607

Title: MGR  
Name: HALE, MARISA M  
Address: 10880 STANDING STONE DRIVE  
City-St-Zip: WIMAUMA, FL 33598

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: JOSEPH M. GARI

CEO

04/03/2012

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