2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000000861

1. Entity Name

OPEN MRI CENTER OF PEMBROKE PINES, L.C.



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

240 N. WASHINGTON BLVD

7TH FLOOR

SARASOTA, FL 34236

Malling Address

240 N. WASHINGTON BLVD

7TH FLOOR

SARASOTA, FL 34236



01112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3464042 Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BRANCH, DANIEL 240 N. WASHINGTON BLVD

7TH FLOOR SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am far	niliar with, and accept
	the obligations of registered agent.	•

SIGNATURE

Signature, typed or printed name of registered agent and life if applicable.

(NOTE: Registered Agent signature required when reinstating)

Otte

Filing Fee is \$50.00 Due by May 1, 2006

MANAGING MEMBERS/MANAGERS 9. MGR TITLE KERN, MARTIN J MAME STREET ADDRESS 240 N WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE MARKE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

CHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/6/04 941-350-0371