

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000001744**

1. Entity Name  
NYDIC OPEN MRI OF AMERICA - PENSACOLA, L.C.



Principal Place of Business  
5330 N. DAVIS HWY.  
PENSACOLA, FL 32503

Mailing Address  
100 PARAGON DR  
200  
MONTVALE, NJ 07645-1753

**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3540623

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI, FL 33156-0000

**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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |                                |
|----------------|--------------------------------|
| TITLE          | MGRM                           |
| NAME           | OPEN MRI FLORIDA VENTURES, LLC |
| STREET ADDRESS | 100 PARAGON DR., SUITE 200     |
| CITY- ST- ZIP  | MONTVALE, NJ 076451753         |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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| CITY- ST- ZIP  |  |

U00000743660  
05/15/07-80118-003 50.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/07

Date

201 573 8080

Daytime Phone #