


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90151 033 ****50.00

DOCUMENT # M04000000262 1. Entity Name NASSAU OPEN MRI, LLC	
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Principal Place of Business 1699 S 14TH ST STE 16 FERNANDINA BEACH, FL 32034	Mailing Address 420 CHARTER BLVD., SUITE 402 MACON, GA 31210
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DO NOT WRITE IN THIS SPACE

00002042



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0102387	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WRIGHT, DONALD 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLIDAY, PETER O III 420 CHARTER BLVD., SUITE 402 MACON, GA 31210
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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: Peter O Holliday III MD 1-17-06 478472360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #