

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90308 007 ***138.75

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02272008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000002268 1. Entity Name OPEN MRI OF TALLAHASSEE, LLC					
Principal Place of Business 420 CHARTER BLVD., SUITE 402 MACON, GA 31210			Mailing Address 420 CHARTER BLVD., SUITE 402 MACON, GA 31210		
2. Principal Place of Business - No P.O. Box # 5910 Kerry Forest Pkwy Suite, Apt. #, etc. Suite A1-A City & State Tallahassee, FL Zip 32309		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA		4. FEI Number 58-2545055	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent WRIGHT, DONALD 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLIDAY, PETER O 420 CHARTER BLVD., SUITE 402 MACON, GA 31210		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Peter O Holliday III MD.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4-16-08</u>		Daytime Phone #: <u>478.474.0394</u>