2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# M06000002268

Entity Name: OPEN MRI OF TALLAHASSEE, LLC

Current Principal Place of Business:

5910 KERRY FOREST PKWY
STE A1-A
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

420 CHARTER BLVD., SUITE 402
MACON, GA 31210

New Mailing Address:

FEI Number: 58-2545055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, DONALD
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HOLLIDAY, PETER O
Address: 420 CHARTER BLVD., SUITE 402
City-St-Zip: MACON, GA 31210

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PETER O HOLLIDAY III DR 01/07/2009

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