

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000006401

**Entity Name:** OPEN MRI OF OKEECHOBEE, L.L.C.

**Current Principal Place of Business:**

115 NE 3RD STREET  
SUITE A  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

1615 NW FEDERAL HIGHWAY  
STUART, FL 34994 US

**FEI Number:** 65-1012990

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALKER, ANDREW TM.D.  
1615 NW FEDERAL HWY  
STUART, FL 34972 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name WALKER, ANDREW T  
Address 1615 NW FEDERAL HWY  
City-State-Zip: STUART FL 34994

Title MGRM  
Name GALLANT, ANDREW S  
Address 1615 NW FEDERAL HWY  
City-State-Zip: STUART FL 34994

Title MGRM  
Name ZAYAS, HENRY R  
Address 1615 NW FEDERAL HWY  
City-State-Zip: STUART FL 34994

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW T. WALKER

**OFFICER**

**01/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date