

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000003173

Entity Name: INNOVATIVE MRI PARTNERS, LLC**Current Principal Place of Business:**13905 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618**Current Mailing Address:**PO BOX 270543
TAMPA, FL 33688 US**FEI Number:** 45-4219531**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUSHING, ROBERT S.
801 W. ROMANA ST.
SUITE A
PENSACOLA, FL 32502 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:** ROBERT S. RUSHING

04/14/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HARLIN, STUART A
Address 2216 ARLINGTON STREET
City-State-Zip: HOUSTON TX 77008

Title MGR
Name MONTGOMERY, AARON B.
Address 5149 N. 9TH AVENUE
SUITE 120
City-State-Zip: PENSACOLA FL 32504

Title MGR
Name LECROY, CHRISTOPHER J
Address 5149 N. 9TH AVENUE
SUITE 120
City-State-Zip: PENSACOLA FL 32504

Title MGR
Name STANLEY, PAUL
Address 13905 CARROLLWOOD VILLAGE RUN
City-State-Zip: TAMPA FL 33618

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: PAUL STANLEY**MANAGER**

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date