


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90047 037 ****50.00

DOCUMENT # L02000004648

1. Entity Name
AXCESS MRI JACKSONVILLE, L.L.C.



Principal Place of Business
**7999 PHILIPS HIGHWAY
 SUITE 311
 JACKSONVILLE, FL 32256**


Mailing Address
**P. O. BOX 447
 VENICE, FL 34284**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0609959

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILEY, STEPHEN M.M.D.
 1455 EAST VENICE AVE.
 SUITE 211
 VENICE, FL 34292**

7. Name and Address of New Registered Agent

Name **Wm. H. Hicks**

Street Address (P.O. Box Number is Not Acceptable)
842 SUNSET LAKE BLVD

SUITE 301

City **VENICE** FL **34292**

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  CFO DATE **4/5/05**

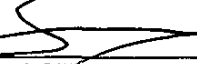
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILEY, STEPHEN M MD 842 SUNSET LAKE BOULEVARD, SUITE 301 VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  DATE **4-5-05**

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