

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004648

**FILED**  
**Mar 18, 2008**  
**Secretary of State**

**Entity Name:** AXCESS MRI JACKSONVILLE, L.L.C.

**Current Principal Place of Business:**

569 INTERSTATE BLVD  
SARASOTA, FL 34240

**New Principal Place of Business:**

579 INTERSTATE BLVD  
SARASOTA, FL 34240

**Current Mailing Address:**

P. O. BOX 447  
VENICE, FL 34284

**New Mailing Address:**

FEI Number: 01-0609959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MILEY, STEPHEN M MGMR  
842 SUNSET LAKE BLVD  
SUITE 301  
VENICE, FL 34292 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: MGRM ( ) Delete  
Name: MILEY, STEPHEN M MD  
Address: 842 SUNSET LAKE BOULEVARD, SUITE 301  
City-St-Zip: VENICE, FL 34292

**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: STEPHEN MILEY, MD

MGRM

03/18/2008

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