
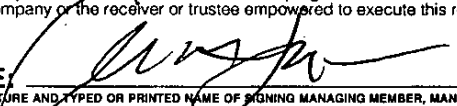


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 DEC -3 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000481 1. Entity Name OPEN MRI OF SOUTH MIAMI, L.L.C.					
Principal Place of Business 6161 SUNSET DRIVE, SUITE A MIAMI, FL 33143			Mailing Address 4400 RENAISSANCE PKWY., STE. L WARRENSVILLE HEIGHTS, OH 44128 2000 AUBURN DRIVE #110 BEACHWOOD, OHIO 44122		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10082004 Chg-LLC CR2E083 (10/03) 4. FEI Number <u>65-0891853</u> <u>31-0891853</u> Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ST. LOUIS, ROLAND R JR THE COLONNADE, SUITE 1180 2333 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JVZ PARTNERS, LTD. 4400 RENAISSANCE PKWY., STE. L WARRENSVILLE HEIGHTS, OH 44128	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			800043589358 12/22/04--01066--001 **55.00		
SIGNATURE 			Date <u>11/19/04</u> Daytime Phone # <u>216 513-5100</u>		