


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90076 023 ***150.00

DOCUMENT # L00000008261 1. Entity Name PALMS WEST MRI, L.L.C.					
Principal Place of Business 701 S. MAIN ST. BELLE GLADE, FL 33430			Mailing Address 11337 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number 65-1028973				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUMEL, ERIC 11337 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name KELLY A. CONROY Street Address (P.O. Box Number is Not Acceptable) 12798 W. FOREST HILL BLVD STE 301A City WELLINGTON FL Zip Code 33414		
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: <u><i>Kelly A Conroy</i></u> KELLY A. CONROY <u>4/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUMEL, ERIC		NAME		
STREET ADDRESS	11337 OKEECHOBEE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411		CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRCHNER, THOMAS		NAME		
STREET ADDRESS	11337 OKEECHOBEE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
SIGNATURE: <u><i>Eric Bauml</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4/28/04</u> <u>561-795-9150</u> <small>Date Daytime Phone #</small>		
ERIC BAUMEL					