

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008261

Entity Name: PALMS WEST MRI, L.L.C.

FILED
Sep 16, 2009
Secretary of State

Current Principal Place of Business:

701 S. MAIN ST.
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

11337 OKEECHOBEE BLVD.
ROYAL PALM BEACH, FL 33411

New Mailing Address:

11101 S CROWN WAY
1
WELLINGTON, FL 33414

FEI Number: 65-1028973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, KELLY A
12798 W. FOREST HILL BLVD, STE 301A
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

CONROY, KELLY A
11101 S CROWN WAY
1
WELLINGTON, FL 33414 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:

09/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAUMEL, ERIC
Address: 11337 OKEECHOBEE BLVD.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGR () Delete
Name: KIRCHNER, THOMAS
Address: 11337 OKEECHOBEE BLVD.
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAUMEL, ERIC
Address: 11101 S CROWN WAY SUITE 1
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change () Addition
Name: KIRCHNER, THOMAS
Address: 11101 S CROWN WAY SUITE 1
City-St-Zip: WELLINGTON, FL 33414

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: ERIC BAUMEL

MGR

09/16/2009

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