

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008261

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

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

701 S. MAIN ST.  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

11101 S CROWN WAY  
1  
WELLINGTON, FL 33414

**New Mailing Address:**

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  
11101 S CROWN WAY  
1  
WELLINGTON, FL 33414 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: MGR  
Name: HANSEN, ARTHUR  
Address: 3347 STATE ROAD 7 SUITE 100  
City-St-Zip: WELLINGTON, FL 33449

Title: MGR  
Name: GHIRAGOSSIAN, JORGE D  
Address: 3347 S STATE ROAD 7, SUITE # 100  
City-St-Zip: WELLINGTON, FL 33449

I hereby 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: DANIEL GHIRAGOSSIAN

MGR

03/02/2012

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