

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90347 001 ****55.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000014396

1. Entity Name
WEST PALM BEACH MRI, L.L.C.



24036449

Principal Place of Business
C/O MEDICAL RESOURCES, INC.
125 STATE ST., STE. 200 LEGAL DEPT.
HACKENSACK, NJ 07601

Mailing Address
C/O MEDICAL RESOURCES, INC.
125 STATE ST., STE. 200 LEGAL DEPT.
HACKENSACK, NJ 07601



2. Principal Place of Business
Mizner Place MRI

3. Mailing Address
c/o Medical Resources, Inc.

5601 Corporate Way, Suite 307

1455 Broad St., 4th Fl., Legal Dept.

03022004 Chg-LLC CR2E083 (10/03)

West Palm Beach, Florida

Bloomfield, New Jersey

4. FEI Number
22-3836595

Applied For
Not Applicable

Zip 33407

Country US

Zip 07003

Country US

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WEST PALM BEACH RESOURCES, INC. ☐ Delete
STREET ADDRESS 125 STATE STREET, SUITE 200 LEGAL DEPT.
CITY- ST- ZIP HACKENSACK, NJ 07601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME West Palm Beach Resources, Inc.
STREET ADDRESS 1455 Broad Street, 4th Floor
CITY- ST- ZIP Bloomfield, NJ 07003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Christopher J. Joyce, President of MGRM

3-15-04 (973) 707-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature required