## **2006 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # L01000014396** 1. Entity Name 04-27-2006 90029 021 \*\*\*\*55.00 WEST PALM BEACH MRI, L.L.C. Principal Place of Business Mailing Address C/O MEDICAL RESOURCES, INC. MIZNER PLACE MRI 5601 CORPORATE WAY, SUITE 307 1455 BROAD ST., 4TH FL, LEGAL DEPT. WEST PALM BEACH, FL 33407 US BLOOMFIELD, NJ 07003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chq-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State 22-3836595 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM Delete TITLE ☐ Change ■ Addition TITLE WEST PALM BEACH RESOURCES, INC. NAME NAME STREET ADDRESS 1455 BROAD STREET, 4TH FLOOR STREET ADDRESS CITY-ST-ZIP BLOOMFIELD, NJ 07003 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE MGR NAME D. Gordon Strickland NAME 1455 Broad Street, 4th Floor STREET ADDRESS STREET ADDRESS Bloomfield, NJ 07003 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Defete MGR TITLE John Valla NAME 1455 Broad Street, 4th Floor STREET ADDRESS STREET ADDRESS Bloomfield, NJ 07003 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

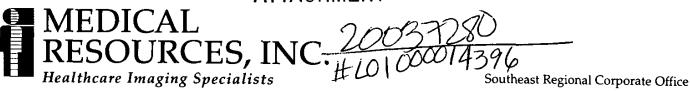
PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

John Valla

**FILED** 

## ATTACHMENT



April 26, 2006

**DHL Express** 52140887046

Florida Department of State **Division of Corporations** 2670 Executive Center Circle Suite 100 Tallahassee, Florida 32399 Attn: LLC Annual Reports

Re:

WEST PALM BEACH MRI, L.L.C. 2006 Annual Report

Dear Sir or Madam:

Enclosed herewith is the 2006 Limited Liability Company Annual Report #L0100014396 for WEST PALM BEACH MRI, L.L.C., along with our check, number O256539, in the amount of \$55.00 in payment of the \$50 filing fee and \$5.00 certificate of status.

Should you have any questions, please call me at (941) 744-1530, ext. 205. Thank you.

Very truly yours,

Mary Cashadon

Mary Caskadon

Paralegal