

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90029 021 ****55.00

DOCUMENT # L01000014396

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



Principal Place of Business
**MIZNER PLACE MRI
5601 CORPORATE WAY, SUITE 307
WEST PALM BEACH, FL 33407 US**

Mailing Address
**C/O MEDICAL RESOURCES, INC.
1455 BROAD ST., 4TH FL, LEGAL DEPT.
BLOOMFIELD, NJ 07003 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number
22-3836595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
WEST PALM BEACH RESOURCES, INC
1455 BROAD STREET, 4TH FLOOR
BLOOMFIELD, NJ 07003**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

**MGR
D. Gordon Strickland
1455 Broad Street, 4th Floor
Bloomfield, NJ 07003**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

**MGR
John Valla
1455 Broad Street, 4th Floor
Bloomfield, NJ 07003**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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.

SIGNATURE:

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

John Valla

4/24/06

Date

973-707-1100

Daytime Phone #

ATTACHMENT



**MEDICAL
RESOURCES, INC.**

Healthcare Imaging Specialists

20037280
#L01000014396

Southeast Regional Corporate Office

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 Caskadon
Paralegal