

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07 APR 11 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

22-3836595

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WEST PALM BEACH RESOURCES, INC
STREET ADDRESS 1455 BROAD STREET, 4TH FLOOR
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE MGR
NAME STRICKLAND, D.GORDON
STREET ADDRESS 1455 BROAD ST., 4TH
CITY-ST-ZIP BLOOMFIELD, NJ 07003

TITLE MGR
NAME VALLA, JOHN
STREET ADDRESS 1455 BROAD ST., 4TH
CITY-ST-ZIP BLOOMFIELD, NJ 07003

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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John Valla 4-9-07 941-744-1539

X205