2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# L02000004648

Entity Name: AXCESS MRI JACKSONVILLE, L.L.C.

Current Principal Place of Business:

7999 PHILIPS HIGHWAY
SUITE 311
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

1455 EAST VENICE AVE.
SUITE 211
VENICE, FL 34292

New Mailing Address:

P. O. BOX 447
VENICE, FL 34284

FEI Number: 01-0609959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILEY, STEPHEN M M.D.
1455 EAST VENICE AVE.
SUITE 211
VENICE, FL 34292

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/MEMBERS:

Title: MGRM ( ) Delete
Name: MILEY, STEPHEN M MD
Address: 1455 EAST VENICE AVENUE, SUITE 211
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MILEY, STEPHEN M MD
Address: 842 SUNSET LAKE BOULEVARD, SUITE 301
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN M. MILEY , MD MGRM 04/28/2004

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