

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90047 037 \*\*\*\*50.00

DOCUMENT # L02000004648

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



Principal Place of Business  
7999 PHILIPS HIGHWAY  
SUITE 311  
JACKSONVILLE, FL 32256

Mailing Address  
P. O. BOX 447  
VENICE, FL 34284



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
01-0609959

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

Name Wm. H. Hicks  
Street Address (P.O. Box Number is Not Acceptable) 842 SUNSET LAKE BLVD  
SUITE 301  
City VENICE FL 34292

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, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MILEY, STEPHEN M MD  
842 SUNSET LAKE BOULEVARD, SUITE 301  
VENICE, FL 34292 ☐ Delete

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]

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

4-5-05

Date

Daytime Phone #