

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004648

**FILED**  
**Apr 16, 2007**  
**Secretary of State**

**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:**

569 INTERSTATE BLVD  
SARASOTA, FL 34240

**Current Mailing Address:**

P. O. BOX 447  
VENICE, FL 34284

**New Mailing Address:**

**FEI Number:** 01-0609959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HICKS, WM H  
842 SUNSET LAKE BLVD  
SUITE 301  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

MILEY, STEPHEN M MGMR  
842 SUNSET LAKE BLVD  
SUITE 301  
VENICE, FL 34292 US

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: STEPHEN MILEY, MD

04/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 MILEY MD

MGMR

04/16/2007

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