


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-25-2004 90205 018 \*\*\*\*50.00

<b>DOCUMENT # L02000028571</b>	
1. Entity Name <b>MIAMI BEACH OPEN IMAGING, LLC</b>	

Principal Place of Business <b>875 NORTH MILITARY TRAIL SUITE 101 JUPITER, FL 33458 US</b>	Mailing Address <b>875 NORTH MILITARY TRAIL SUITE 101 JUPITER, FL 33458 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>2290 10<sup>th</sup> Avenue North</b> Suite, Apt. #, etc.
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City & State <b>Lake Worth FL</b>	City & State <b>Lake Worth FL</b>
Zip <b>33461</b>	Country <b>United States</b>

**24076856**



02032004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>SINGER, MICHAEL S ESQ 3801 PGA BOULEVARD SUITE 802 PALM BEACH GARDENS, FL 33410</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEDICAL-DIAGNOSTIC-IMAGING</b>		NAME	
STREET ADDRESS <b>2290 10TH AVE. NORTH #101</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKE WORTH, FL 33461</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *John Miller* Controller Date: 2-6-04 561 4932242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #