2004 LIMITED LIABILITY COMPANY

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

ANNOAL REPORT						Secretary of State			
DOCUMENT # L02000028571 1. Entity Name MIAMI BEACH OPEN IMAGING, LLC							4 90205 018 ***		
Principal Place of Business Mailing Address				<u> </u>					
-		875 NORTH MILITARY TRAIL							
875 NORTH MILITARY TRAIL Suite 101		SUITE 101				•	OHCOKE		
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2. Principal Place of Business 3. Mailing Address									
:		2290 10th Avenue North			il galita kimit antii malii an	IN NEMIN ILINA INKAN AMIN ERAN	H MANA III JAAJ		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11011	1			•	
					02032004	Chg-LLC	CR2E083 (10/0	3)	
City & State		, City & State			4. FEI Numb	er		Applied For	
		Lake Worth		FL.		PPLICABLE		Not Applicable	
Zip	Country	Zip	Coun	try or			\$5,00	Additional	
		33461	Unite		5. Certificate	of Status Desired	Fee Requ		
	6. Name and Address of Current I	Registered Agent	TWI II		-	d Address of New F		7.	
Name									
SINGER, N	MICHAEL S ESQ								
	BOULEVARD		Street Addre	reet Address (P.O. Box Number is Not Acceptable)					
SUITE 802									
PALM BEA	ACH GARDENS, FL 33410						•	ŀ	
	i,			City		,	FL Zip C	ode	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or regi	stered agent, or bo	oth, in the State of Flo	orida. I am familiar wi	th, and accept	
the obligations of registered agent.									
SIGNATURE									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	d Agent signature req	uired when reinstating)		DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2004						se check payable to a Department of Si		
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
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NAME	-MEDICAL-DIAGNOSTIC IMAGING		NAME					-	
STREET ADDRESS	2290 10TH AVE. NORTH #101			ET ADDRESS					
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11. I hereby c	certify that the information supplied with	this filing does not qualify fo	r the exer	nption stated in	Section 119.07(3)	(i). Florida Statutes	I further certify that the	e information	
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illiwed ilai	bility company or the receiver or trustee	empowered to execute this	report as	required by Ch	apter 608, Florida	Statutes.			
Checophys 1. 1 a mm 1 de									
SIGNATURE: tob. 14 Controller 2.6.04 501 4932242									
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPR	ESENTATIVE	Date	Daytime Phone	*	