

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016451

Entity Name: WEST BROWARD MRI, LLC

FILED  
Apr 30, 2005  
Secretary of State

**Current Principal Place of Business:**

182 SW FERNLEAF TR  
PORT ST LUCIE, FL 34935

**New Principal Place of Business:**

**Current Mailing Address:**

182 SW FERNLEAF TR  
PORT ST LUCIE, FL 34935

**New Mailing Address:**

FEI Number: 55-0861431      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AMERICAN INFORMATION SERVICES, INC.  
ONE SE THIRD AVE., 28TH FLOOR  
MIAMI, FL 33131 US

**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: MGR ( ) Delete  
Name: SAPER, STEVE  
Address: 182 S.W. FERNLEAF TRAIL  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

**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 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: STEVEN SAPER

MGR

04/30/2005

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