## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 20, 2004 8:00 am Secretary of State **DOCUMENT # L03000024195** 04-20-2004 90186 015 \*\*\*\*50.00 MRI MANAGEMENT SPECIALTY, LLC Principal Place of Business Mailing Address 400 SOUTH DIXIE HIGHWAY, THE ARBOR, STE 12 400 SOUTH DIXIE HIGHWAY, THE ARBOR, STE 12 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address 880 MW 13TH STREET 88<u>0 NW</u> Suite, Apt. #, etc. Suite 10 Suite, Apt. #, etc 04152004 CR2E083 (10/03) Chg-LLC SUITE 10 Applied For City & State 4. FEI Number City & State 56-2379248 Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired USA Fee Required 6:-Name and Address of Current Registered Agent 7." Name and Address of New Registered Agent Name SCHIESS, MICHEL Street Address (P.O. Box Number is Not Acceptable) 400 SOUTH DIXIE HIGHWAY, THE ARBOR, STE 12 BOCA RATON, FL 33432 Zip Code 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 Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MERM TITLE TITI F ☐ Change ■ Addition - 🔲 Delete EFFENSON, LEE NAME NAME 854 HAVANA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 TIFLE TITLE MGRM ☐ Change ☐ Addition ☐ Delete LHOTKA, JOSEPH 22564 CARAVELLE CIRCLE NAME NAME STREET ADDRESS STREET ADDRESS BOCA PATON, FL 33486 COY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition MGRM SCHTESS, MICHEL NAME 6139 VIA VENETIA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEACH DELRAY TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 1.7% CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED