
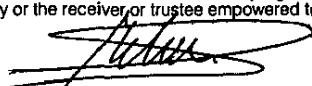


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90186 015 ****50.00

DOCUMENT # L03000024195 1. Entity Name MRI MANAGEMENT SPECIALTY, LLC			
Principal Place of Business 400 SOUTH DIXIE HIGHWAY, THE ARBOR, STE 12 1 BOCA RATON, FL 33432		Mailing Address 400 SOUTH DIXIE HIGHWAY, THE ARBOR, STE 12 1 BOCA RATON, FL 33432	
2. Principal Place of Business 880 NW 13TH STREET Suite, Apt. #, etc. SUITE 101 City & State BOCA RATON, FL Zip 33486 Country USA		3. Mailing Address 880 NW 13TH STREET Suite, Apt. #, etc. SUITE 101 City & State BOCA RATON, FL Zip 33486 Country USA	
4. FEI Number 56-2379248		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 SCHIESS, MICHEL 400 SOUTH DIXIE HIGHWAY, THE ARBOR, STE 12 1 BOCA RATON, FL 33432	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4/15/04 Daytime Phone # 561-368-4486	