

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030691

FILED
Sep 27, 2004
Secretary of State

Entity Name: EAST HALLANDALE MRI, LLC

Current Principal Place of Business:

1117 E. HALLANDALE BEACH BLVD, STE 100
HALLANDALE, FL 33614

New Principal Place of Business:

1117 E. HALLANDALE BEACH BLVD
SUITE 6
HALLANDALE, FL 33009

Current Mailing Address:

1117 E. HALLANDALE BEACH BLVD, STE 100
HALLANDALE, FL 33614

New Mailing Address:

1117 E. HALLANDALE BEACH BLVD
SUITE 6
HALLANDALE, FL 33009

FEI Number: 20-0164243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIPSITZ, MARC ESQ
CAMNER, LIPSITZ & POLLER, PA
550 BILTMORE WAY, STE 700
CORAL GABLES, FL 33134 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BISCAYNE DIAGNOSTIC, IMAGING, LP
Address: 21110 BISCAYNE BLVD. #102
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Change (X) Addition
Name: MILLER, ROBERT J
Address: 21110 BISCAYNE BLVD. #102
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT J. MILLER

MGRM

09/27/2004

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