


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2005 08:00 AM
Secretary of State

JoI

DOCUMENT # L04000001795 1. Entity Name JUPITER OPEN IMAGING CENTER, LLC	
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Principal Place of Business 2290 10TH AVENUE NORTH LAKE WORTH, FL 33461	Mailing Address 2290 10TH AVENUE NORTH LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE



07272005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0857618	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 SINGER, MICHAEL S 3801 PGA BLVD., SUITE 604 PALM BEACH GARDENS, FL 33410
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**DO NOT WRITE
IN THIS SPACE**

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** _____


**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEDICAL DIAGNOSTIC IMAGING OF JUPITER, INC 2290 10TH AVENUE NORTH LAKE WORTH, FL 33461
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09/13/05-80002-012 50.00

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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:  **9/9/05** **562-540-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #