

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000089166

1. Entity Name  
MRI IMAGING OF WESTON L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 17 AM 10:22

Principal Place of Business  
2500 N. MILITARY TRAIL  
465  
BOCA RATON, FL 33431

Mailing Address  
2500 N. MILITARY TRAIL  
465  
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05012005 Chg-LLC CR2E083 (10/03)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EFFENSON, KATHLEEN  
842 HAVANA DRIVE  
BOCA RATON, FL 33487

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

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
EFFENSON, KATHLEEN  
842 HAVANA DRIVE  
BOCA RATON, FL 33487

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

4/30/05