2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2009
Secretary of State

DOCUMENT# L08000054081

Entity Name: EQUINE MRI OF PALM BEACH, LLC

Current Principal Place of Business:

4751 SOUTH ROAD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

111 LIONS DRIVE, STE. 217
BARRINGTON, IL 60010

New Mailing Address:

FEI Number: 36-4633996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEVENS, HAYNES
4751 SOUTH ROAD
WELLINGTON, FL 33414 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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: DR ( ) Change (X) Addition
Name: STEVENS, HAYNES
Address: 9423 BRIDGEBROOK DR
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HAYNES STEVENS DR 08/26/2009

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