


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000693**

MRI SERVICES, L.C.
P.O. BOX 1186
TAMPA FL 33601

1a. Principal Place of Business Address

~~3304 W. HARBORVIEW AVENUE
TAMPA FL 33611~~

6701 38th Avenue North
Suite 3
St. Petersburg, Florida 33710

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

6701 38th Avenue North

2a. Mailing Address

P.O. Box 1186

3. Date Organized or Qualified

08/25/1995

3a. State of Formation

FL

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

4. FEI Number

69-3344289

☐ Applied For

☐ Not Applicable

City & State

St. Petersburg Florida

City & State

Tampa FL

5. Date of Last Report

06/25/1996

6. Certificate of Status Desired

☒ Additional Fee Required

Zip

33710

Country

USA

Zip

33601

Country

USA

7. Name and Address of Current Registered Agent

MCCOSKRIE, JOHN H
3304 W. HARBORVIEW AVENUE
TAMPA FL 33611

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
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MGRM	FJB HOLDINGS, LTD.	3304 W. HARBORVIEW AVENUE	TAMPA FL 33611
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MGRM	MCCOSKRIE, JOHN H	3304 W. HARBORVIEW AVENUE	TAMPA FL 33611
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****203.75 ****203.75

A. Alan
6/1/97

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: John H. McCoskrie John H. McCoskrie 6/30/97 (813) 381-1674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #