


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|--|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 APR 14 PM 1:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001130 OPEN MRI OF INDIAN RIVER L.C. 2-STARFISH DRIVE VERO-BEACH FL 32960 | | 1a. Principal Place of Business Address 2-STARFISH DRIVE VERO-BEACH FL 32960 | | | |
| 2. Principal Place of Business 1485 37th Street Suite, Apt. #, etc Suite 107 City & State Vero Beach, FL Zip 32960 Country USA | | 2a. Mailing Address 1485 37th Street Suite, Apt. #, etc Suite 107 City & State Vero Beach, FL Zip 32960 Country USA | | 3. Date Organized or Qualified 07/20/1998 4. FEI Number 65-0851813 5. Date of Last Report N/A 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent SPRINKLE, PHILIP M II, ESQ PHILLIPS POINT - EAST TOWER 777 SOUTH FLAGLER DRIVE, SUITE 900 WEST PALM BEACH FL 33401 | | | 8. Name and Address of New Registered Agent/Office 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 _____ | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | NORCONK, JAMES J JR., M | 2-STARFISH DRIVE 1485 37th St. #107 | | VERO BEACH FL 00002848500-1 -04/23/99--01006--011 ****188.75 ****188.75 | |
| 4-19-99 | | | | | |
| 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: _____ | | | 4/12/99 (561)569-9745 | | |