

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L99000002259

1. Entity Name  
PREMIER OPEN MRI CENTER, L.C.



Principal Place of Business

916 DANTE PLACE  
JACKSONVILLE, FL 32207

Mailing Address

916 DANTE PLACE  
JACKSONVILLE, FL 32207

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**



01132004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3578732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COX, STEPHEN E  
916 DANTE PLACE  
JACKSONVILLE, FL 32207

**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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

|                |                        |
|----------------|------------------------|
| TITLE          | MGRM                   |
| NAME           | COX, STEPHEN E         |
| STREET ADDRESS | 916 DANTE PLACE        |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32207 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

U000000038211  
02/06/04-80129-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

STEPHEN COX

Date

1-13-04

Daytime Phone #

(904) 396-6736