


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002259 1. Entity Name PREMIER OPEN MRI CENTER, L.C.	
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Principal Place of Business 916 DANTE PLACE JACKSONVILLE, FL 32207	Mailing Address 916 DANTE PLACE JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3578732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COX, STEPHEN E 916 DANTE PLACE JACKSONVILLE, FL 32207
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02/15/05-80040-010 50.00

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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

1-19-05

Date

(904) 396-6736

Daytime Phone #