

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-10-2004 90051 023 ****50.00

DOCUMENT # L99000006915

1. Entity Name
INTERNATIONAL MRI, L.L.C.



Principal Place of Business
**7083 SADDLE CREEK LN
SARASOTA, FL 34241**

Mailing Address
**P.O. BOX 5917
SARASOTA, FL 34277**

DO NOT WRITE IN THIS SPACE



07092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0955742

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORRY, MARTIN C
7458 N. TAMiami TRAIL
SARASOTA, FL 34243

*7083 Saddle Creek Lane
Sarasota FL 34241*

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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

Martin Corry

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/04

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CORRY, MARTIN C
STREET ADDRESS	P.O. BOX 5917
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Martin Corry

7/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #