

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007114

FILED
Jun 30, 2005
Secretary of State

Entity Name: PALM BEACH OPEN MRI, L.L.C.

Current Principal Place of Business:

321 L.A. KIRKSEY, STE. 100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

2801 EXCHANGE COURT
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0968553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEMPSEY, W. GLENN
ROGERS, BOWERS, DEMPSEY AND PALADINO
505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	() Delete
Name:	HOFFMAN, MICHAEL	
Address:	875 NORTH MILITARY TRAIL, SUITE 101	
City-St-Zip:	JUPITER, FL 33458	
Title:	MGRM	() Delete
Name:	HOGHOOGHI, IRAN M.D.	
Address:	3360 BURNS ROAD, PALM BEACH GARDENS MED. C	
City-St-Zip:	PALM BEACH GARDENS, FL 33408	
Title:	MGRM	() Delete
Name:	SARNER, RICHARD A M.D.	
Address:	3360 BURNS ROAD, PALM BEACH GARDENS MED. C	
City-St-Zip:	PALM BEACH GARDENS, FL 33408	
Title:	MGRM	() Delete
Name:	YOUNG, BRIAN MD	
Address:	3360 BURNS RD-PALM BCH GAR MED CTR	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

ADDITIONS/CHANGES:

Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL HOFFMAN

MGRM

06/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date