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October 7, 1999

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Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Beaches Open MRI, L.L.C.

Document Number L99000003501

Ladies and Gentlemen:

Enclosed for filing please find Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, together with our check in the amount of \$35.00 in payment of the filing fee. Please return the duplicate copy of the Statement to me stamped with the date of filing. Also enclosed is a self-addressed, stamped envelope for your convenience in returning the date stamped copy to me.

If you have any questions, please let me know.

Very truly yours,

Jeffrey L. Cohen

JLC/mk
Enclosures
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SECRETARY OF STATE
TALLAHASSEF FLORINA

JB-14-99

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

			=
1. The name of the limited liability company is:  Beaches Open MRI, L.L.C.			<u> </u>
2. The mailing address o	-	ny is:5146 S.W. Spring	g Aster Court,
June 16, 1999		L9900003501	÷ · · ·
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registe Florida Department of	ered agent and the registered State:	l office address as shown on	the records of the
	Mark A. Coel, Esq.		•
	Naı	ne	. =
	4000 Hollywood Boulev	ard, Suite 350 N	
	Addı	ress	
Hollywood, FL 33021		- · · · ·	
	City, State	and Zip	<del></del>
6. The name and address	of the new registered agent a	and/or office:	·- · · · · · · · · · · · · · · · · ·
	Jeffrey L. Cohen, Es	q.	99 O
	Name 54 N.E. Fourth Avenu		HASSAH CT II
	Florida street address (P.O	D. Box NOT acceptable)	FOF & D
	Delray Beach, FL	33483	H 12: 48
	City, State a	and Zip	PA 48
If the limited liability co	ompany is not organized up	nder the laws of the State of	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.

(Signature of a member or authorized representative of a member)

Andrew Gallant, M.D., Member

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$35.00** 

INHS18(9/97)