## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900000481

1. Entity Name

OPEN MRI OF SOUTH MIAMI, L.L.C.



## FILED Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90002 032 \*\*\*\*50.00

			•		A SOUTH						
			Mailing Address 4400 RENAISSANCE PKWY STE. L WARRENSVILLE HEIGHTS OH 44128								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Nun	FEI Number 65-0891853 Applied For Not Applicable				7
Zip Country			Zip Country			5. Certifica	5. Certificate of Status Desired   \$5.00 Additional Fee Required				
	6. Name	and Address of Current R	egistered Agent			7. Name a	nd Address of New Registe	red Age	∍nt		1
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THE	COLONNA	LAND R JR DE, SUITE 1180 DE LEON BOULEVARD			Street Address (P.O. Box Number is Not Acceptable)						-
		S FL 33134			City			FL	Zip Cod	e	
A The shows	named entit	v submits this statement for t	the number of changing its	e register	d office or -	enistered agent or t	ooth, in the State of Florida. I	_	iliar with	and accept	+
the obligat	ions of regist	ered agent.	the purpose of changing to	a registere	ed office of t	egistered agent, or t	John, in the State of Florida. T	aman	iliai vyitii,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent and	d title if applicable. (NO	TE: Registered	d Agent signature	e required when reinstating)	DA	ATE .			
			Make Check Payab	le to Fid	EE IS \$5 orida Depa ny 1, 2003						
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/CHANGES				
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NAME	JVZ PARI	INERS, LTD.		NAMI				_			3
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11. Thereby c	ertify that the	information supplied with th	vie filing does not qualify fo	r the ever	notion states	d in Section 110.07/3	N/i) Florida Statutas I further	oortifu.	that the in	formation	1

in nereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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: SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #