

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002921

1. Entity Name  
OPEN MRI OF POMPANO, L.L.C.

Principal Place of Business  
4616 NORTH FEDERAL HWY  
FORT LAUDERDALE FL 33308

Mailing Address  
4616 NORTH FEDERAL HWY  
FORT LAUDERDALE FL 33308

2. Principal Place of Business  
150 SW 12<sup>TH</sup> AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
POMPANO BEACH, FLORIDA

City & State

Zip 33069 Country U.S.A.

Zip Country

4. FEI Number 65-0997160

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

ST LOUIS JR, ROLAND R  
STE 710, 2333 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200003992972-2  
-04/12/01--01004--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

## 10. ADDITIONS/CHANGES

TITLE JVZ PARTNERS, MGRM ☐ Delete  
NAME 4400 Renaissance Pkwy. Suite L  
STREET ADDRESS WARRENSVILLE HEIGHTS, OH 44128  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mark G. Zelch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-06-01

216 464 8484

Date

Daytime Phone #

01/2017 AT

CR2E083 (11/00)

