

2001 UNIFORM BUSINESS REPORT (UBR)

0019440 AF

DOCUMENT # L00000005861

1. Entity Name

FORT WALTON OPEN MRI, L.L.C.

FILED

01 MAR 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4423 DUFFER LOOP
SEBRING FL 33872

4423 DUFFER LOOP
SEBRING FL 33872

2. Principal Place of Business

1112 Hospital Road

Suite, Apt. #, etc.

Suite B

City & State

Ft. Walton Beach, FL

Zip

32548

Country

OKaloosa

3. Mailing Address

1112 Hospital Road

Suite, Apt. #, etc.

Suite B

City & State

Ft. Walton Beach, FL

Zip

32548

Country

OKaloosa

4. FEI Number

65-1007615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREUDENBERGER, KEITH
4423 DUFFER LOOP
SEBRING FL 33872

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

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CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY - ST - ZIP

Managing Member
Keith Freudenberg
4423 Duffer Loop
Sebring, FL 33872

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

700003930077-0
-03/29/01--01100--015
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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: *X. W. Freudenberg*

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

Date

Daytime Phone #

3.15.01

CR2E083 (11/00)