

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90577 005 ****50.00

DOCUMENT # L 00000008261

1. Entity Name

Palms West MRI, LLC.

DO NOT WRITE IN THIS SPACE

957296

2. Principal Place of Business

701 S. Main St.

3. Mailing Address

11337 Okeechobee Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Belle Glade, FL

City & State

Royal Palm Beach, FL

4. FEI Number

65-1028973

Applied For

Not Applicable

Zip

33430

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Baumel, Eric

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

11337 Okeechobee Blvd.

City Royal Palm Beach

FL

Zip Code

33411

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME Kater, Gabrielle
STREET ADDRESS 11337 Okeechobee Blvd.
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Baumel, Eric
STREET ADDRESS 11337 Okeechobee Blvd.
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Dewar, Donald
STREET ADDRESS 11337 Okeechobee Blvd.
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Huber, Jonathan
STREET ADDRESS 11337 Okeechobee Blvd.
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME KIRCHNER, THOMAS
STREET ADDRESS 11337 Okeechobee Blvd.
CITY-ST-ZIP Royal Palm Beach, FL 33411

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Jonathan Huber

4/30/02

561-795-6921

Date

Daytime Phone #

CR2E083B (12/01)