

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000009052

FILED
May 03, 2002 8:00 AM
Secretary of State

Entity Name: OKEECHOBEE OPEN MRI, L.L.C.

Current Principal Place of Business:

901 SW MARTIN DOWNS BLVD., SUITE 314
PALM CITY, FL 34990

New Principal Place of Business:

1615 NW FEDERAL HWY
STUART, FL 34994 US

Current Mailing Address:

901 SW MARTIN DOWNS BLVD., SUITE 314
PALM CITY, FL 34990

New Mailing Address:

1615 NW FEDERAL HWY
STUART, FL 34994 US

FEI Number: 65-1027399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GALLANT, ANDREW
Address: 5746 SW SPRING ASTOR CT.
City-St-Zip: PALM CITY, FL 34990

Title: MGR () Delete
Name: WALKER, ANDREW
Address: 6 CRANES NEST ST.
City-St-Zip: STUART, FL 34996

Title: MGR () Delete
Name: ZAYAS, HENRY
Address: 1590 CYPRESS GLEN WAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANDREW T. WALKER, M.D.

PRES

05/03/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date