

# L01000015194

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

FILED  
2024 FEB - 1 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACHES OPEN MRI OF PBG LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2024 FEB - 1 PM 4:46  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

((H24000044705 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: BEACHES OPEN MRI OF PBG LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Moody

\_\_\_\_\_  
Name of Person

Akumin Operating Corp.

\_\_\_\_\_  
Firm/Company

8300 W. Sunrise Blvd

\_\_\_\_\_  
Address

Plantation, FL 33322

\_\_\_\_\_  
City/State and Zip Code

jessica.moody@akumin.com

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Nozomi Mueller

813

463-4443

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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BEACHES OPEN MRI OF PBG LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/06/2001 and assigned  
Florida document number L01000015194.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8300 W. Sunrise Blvd

Plantation, FL 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8300 W. Sunrise Blvd

Plantation, FL 33322

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GALLANT, DREW M.D.	6 Crane's Nest	<input type="checkbox"/> Add
		Stuart, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ZAYAS, HENRY M.D.	6 Crane's Nest	<input type="checkbox"/> Add
		Stuart, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WALKER, ANDREW M.D.	6 Crane's Nest	<input type="checkbox"/> Add
		Stuart, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SPEED, DARREN	8300 W. Sunrise Blvd.	<input checked="" type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FIX, THOMAS M.D.	8300 W. Sunrise Blvd.	<input checked="" type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

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