

AMENDED
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015214

1. Entity Name

Beaches Open MRI of Ormond Beach, LLC

FILED

02 AUG 21 AM 9:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5146 SW Spring Aster Ct.

3. Mailing Address

5146 SW Spring Aster Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm City, Florida

City & State

Palm City, Florida

4. FEI Number

65-1140496

Applied For

Not Applicable

Zip

34990

Country

Martin

Zip

34990

Country

Florida

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Andrew S. Gallant

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

5146 SW Spring Aster Ct.

City

Palm City

FL

34990

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.

Andrew S. Gallant

8/15/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9.

MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Andrew S. Gallant
STREET ADDRESS	5146 SW Spring Aster Ct.
CITY-ST-ZIP	Palm City, Florida 34990
TITLE	M
NAME	Theresa Gallant
STREET ADDRESS	5146 SW Spring Aster Ct.
CITY-ST-ZIP	Palm City, Florida 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

FF \$50

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

Andrew S. Gallant, MGRM

8/15/02

Date

Daytime Phone #

CR2E083B (12/01)