

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUL 26 PM 2: 17

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L93000000353

OPEN MRI OF CORAL GABLES, LC  
~~800 DOUGLAS ROAD~~  
~~SUITE 150~~  
~~CORAL GABLES FL 33134~~

1a. Principal Place of Business Address

800 DOUGLAS ROAD  
SUITE 150  
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

221 GRAND AVE.  
SUITE 200  
MONTVALE, NJ  
07645

U.S.

3. Date Organized or Qualified

10/12/1993

3a. State of Formation

FL

4. FEI Number

65-0442969

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/27/1998

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

UNITED CORPORATE SERVICES INC  
801 NE 167TH STREET  
SUITE 300  
NO MIAMI BEACH FL 33162

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	<del>NYDIC HOLDINGS, LLC</del> NYDIC OPEN MRI OF AMERICA, LLC.	221 GRAND AVE SUITE 200	MONTVALE NJ 07645
M	NYDIC OWNERSHIP CORP,	221 GRAND AVE SUITE 200	MONTVALE NJ 07645
M	JAMES BROWER	11 MARTIN DRIVE	WEST NYACK, NY 10994

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-08/03/99--01084--024  
\*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Timothy Kenney* TIMOTHY KENNEY - VP/COO OF "MGRM" 7/16/99 201-573-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Day, the Month, & Year



July 16, 1999

Florida Department of State  
Secretary of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Open MRI of Coral Gables, LC  
FEI # 65-0442969  
DOC # L93000000353

Gentlemen:

Attached is our Limited Liability Company Annual Report for 1999. We are enclosing a check for \$188.75 for the annual report and the supplemental fee. However, we kindly ask that you abate the late fee of \$400. We are filing this report late only because we never received the original report that you previously mailed. Apparently it went to the "Principal Place of Business Address" which is erroneously listed as the mailing address. Please note the change in mailing address in box 2a. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith M. Guillemain", written over a horizontal line.

Keith M. Guillemain, CPA  
Tax Manager