

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L93000000353

1. Entity Name

OPEN MRI OF CORAL GABLES, LC

Principal Place of Business

800 DOUGLAS ROAD 802
SUITE 150
CORAL GABLES FL 33134

Mailing Address

221 GRAND AVE., SUITE 200
MONTVALE NJ 07645-1729

2. Principal Place of Business

802 Douglas Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0442969

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS NYDIC OPEN MRI OF AMERICA, LLC
CITY- ST- ZIP 221 GRAND AVE SUITE 200
MONTVALE NJ 07645 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 8000003256688--9
CITY- ST- ZIP -05/18/00--01016--003
*****50.00 *****50.00

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS MEMBER
CITY- ST- ZIP NYDIC OWNERSHIP CORP
221 GRAND AVENUE, SUITE 200
MONTVALE, NJ 07645

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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 REQUIRED

Timothy Kennedy VP/CFO of MGRM 4/20/00

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

Date

Daytime Phone #

201-673-8080

CR2E083 (9/99)