

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017

0025693 AF

DOCUMENT # L93000000353

1. Entity Name
OPEN MRI OF CORAL GABLES, LC

01 MAY -1 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
802 DOUGLAS ROAD
SUITE 150
CORAL GABLES FL 33134

Mailing Address
221 GRAND AVE., SUITE 200
MONTVALE NJ 07645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0442969

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES INC
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

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.

(NOT) Registered Agent signature required when reinstating

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
400004271564-5
-05/18/01--01097--008
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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:

Timothy Kennedy
Timothy Kennedy VP/CEO of "MGRM" 4/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)