


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

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| DOCUMENT # L93000000353 1. Entity Name OPEN MRI OF CORAL GABLES, LC | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 221 GRAND AVE. SUITE 200 MONTVALE, NJ 07045 | | Mailing Address 221 GRAND AVE., SUITE 200 MONTVALE, NJ 07045 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 100 Paragon Drive Suite, Apt. #, etc. 200 | | 3. Mailing Address 100 Paragon Drive Suite, Apt. #, etc. 200 | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Montvale NJ | | City & State Montvale NJ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 07645-1753 Country US | | Zip 07645-1753 Country US | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 65-0442969 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES INC 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000 | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OPEN MRI FLORIDA VENTURES, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>221 GRAND AVE., STE 200</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MONTVALE, NJ 07645-1729</td> <td></td> </tr> </table> | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | OPEN MRI FLORIDA VENTURES, LLC | | STREET ADDRESS | 221 GRAND AVE., STE 200 | | CITY - ST - ZIP | MONTVALE, NJ 07645-1729 | | 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>OPEN MRI Florida Ventures, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 Paragon Drive, Ste 200</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Montvale NJ 07645-1753</td> <td></td> </tr> </table> | | TITLE | MGRM | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | OPEN MRI Florida Ventures, LLC | | STREET ADDRESS | 100 Paragon Drive, Ste 200 | | CITY - ST - ZIP | Montvale NJ 07645-1753 | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date 4/21/06 Daytime Phone # 201 573 8080 | | | | | | | | | | | | | | | | | | | | | | | | | |