2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9300000353

OPEN MRI OF CORAL GABLES, LC



FILED Apr 29, 2003 8:00 am Secretary of State 04-29-2003 90031 014 ****50.00

DORAL GABLES FL. 30134 2. Principul Place of Business Suite, Apt. V. etc. Suite, Apt. V. e						W		1				
Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired State Address (PO, Box Number is Not Acceptable) State Address (PO, Box Number is Not Acceptable) State Address (PO, Box Number is Not Acceptable) State Address of registered agent, or both, in the State of Florids. I am Israker with, and accept repeated agent, or both, in the State of Florids. I am Israker with, and accept repeated agent. Signature Desired State Address (PO, Box Number is Not Acceptable) Street Addr				221 GRAND AVE., SUITE 200								
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Zip Country Zip Country S, Certificato of Status Desired S, 500 Additional Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NERTH COMPORATE SERVICES INC 9200 SOUTH DADELAND BLVD. Surff Soa MAMI FL 33156-0000 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flo	Suite, Apt.	#, etc.		Suite, Apt. #, etc.								
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City					Name							
MIAMI FL 33156-0000 City FL Zia Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept new obligations of registered agent. SIGNATURE Signature, speed or presed reuse of registered agent and state appricable. PACE Registered Agent signature required from re-institution or registered agent, or both, in the State of Florida. I am familiar with, and accept received from the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept received from the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept received from the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept received from the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept received from the purpose of change agent. SIGNATURE SIGNATURE MARKE MARKE OR MANAGING MEMBERS/MANAGERS OITH ST-ZIP ITILE MARKE SIREET ADDRESS OITH ST-ZIP OITH ST-ZIP OITH ST-ZIP OITH ST-ZIP OITH ST-	9200	SOUTH D			Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Control Co			3-0000									
THE CHARGES SIGNATURE Signature. System of registered agent and stell ill application. (NOTE Registered Agent signature required when rentaining) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 8. MANAGING MEMBERS / MANAGERS TITLE MARK OPEN MRI FLORIDA VEUTURES LLC 221 GRAND AVE., STE 200 CITY-ST-ZP TITLE MONTYALE NJ 07645-1729 TITLE MONTYALE NJ 07645-1729 TITLE MANAGERS CITY-ST-ZP TITLE MANAGERS CITY-S										FL.	Zip Code	e
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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 of 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

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