

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000005

1. Entity Name

OPEN MRI OF FLORIDA, LTD. CO.

**FILED**  
**Sep 29, 2002 8:00 am**  
**Secretary of State**

09-29-2002 90004 001 \*\*\*\*50.00

Principal Place of Business

Mailing Address

101 NW 1ST AVE NE #1  
DELRAY BEACH FL 33444

4400 RENAISSANCE PKWY. #L  
WARRENSVILLE HTS OH 44128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0718594

Applied For

Not Applicable

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

ZELCH, JAMES V

~~4401 NORTH OCEAN BLVD., APT NO. 8~~

~~BOCA RATON FL 33431~~

101 NW 1ST AVE. N.E. #1

Delray Beach FL 33444

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

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JZ INVESTMENTS  
4400 RENAISSANCE PKWY., #L  
WARRENSVILLE HTS OH 44128

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JZ Partners, Ltd.  
4400 Renaissance PKWY, Ste L  
Warrensville Heights, OH 44128

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

TITLE NAME ☐ Change ☐ Addition  
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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**

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

Date

Daytime Phone #

7/30/02

CR2E083 (4/02)