

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90046 010 ****50.00

DOCUMENT # L97000000861	
1. Entity Name Open MRI Center of Pembroke Pines, LLC	

DO NOT WRITE IN THIS SPACE

24081291

2. Principal Place of Business		3. Mailing Address 240 N. Washington Blvd.		4. FFL Number 59-3464042		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7th Floor		City & State Sarasota, FL		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
City & State		City & State		Zip 34236		Country	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Daniel Branch	
		Street Address (P.O. Box Number is Not Acceptable) 240 N. Washington Blvd.	
		City Sarasota FL Zip Code 34236	

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]
Signature, typed or printed name of registered agent and the F applicable

CFD

7/22/04
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kern, Martin J. 240 N. Washington Blvd. Sarasota, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

7/22/04 (941) 925-3490
Date Daytime Phone #

CR2E083B (12/02)