

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90092 031 \*\*\*\*50.00

**DOCUMENT # L97000000861**

1. Entity Name

**OPEN MRI CENTER OF PEMBROKE PINES, L.C.**



Principal Place of Business

**8394 PINES BLVD.  
PEMBROKE PINES FL 33024**

Mailing Address

**240 N. WASHINGTON BLVD  
7TH FLOOR  
SARASOTA FL 34236**

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 **59-3464042**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRANCH, DANIEL  
240 N. WASHINGTON BLVD  
7TH FLOOR  
SARASOTA FL 34236**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **KERN, MARTIN J**  
STREET ADDRESS **240 N. WASHINGTON BLVD. 7TH FLOOR**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **CFO** ☐ Delete  
NAME **Daniel Branch**  
STREET ADDRESS **240 N. Washington Blvd, 7th Fl**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete  
NAME **---**  
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NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

10. ADDITIONS/CHANGES

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

TITLE **---** ☐ Change ☐ Addition  
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TITLE **---** ☐ Change ☐ Addition  
NAME **---**  
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**

**Daniel Branch**  
**5-28-03**

**941-925-3490**

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

Date

Daytime Phone #

CR2E083 (10/02)