

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000385

1. Entity Name

PENSACOLA OPEN MRI & IMAGING, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business  
3295 RIVER EXCHANGE DRIVE, SUITE 275  
NORCROSS GA 30092

Mailing Address  
3295 RIVER EXCHANGE DRIVE, SUITE 275  
NORCROSS GA 30092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3551727

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

LUKE, JOHN K  
4511 NORTH DAVIS HIGHWAY, SUITE 1B  
PENSACOLA FL 32503

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.

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
LUKE, JOHN K  
3295 RIVER EXCHANGE DRIVE, SUITE 275  
NORCROSS GA 30092

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
VENESKY, GENE  
3295 RIVER EXCHANGE DRIVE, SUITE 275  
NORCROSS GA 30092

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/25/00

Date

7300-0101

Daytime Phone #

CR2E083 (5/00)