

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002259

1. Entity Name
PREMIER OPEN MRI CENTER, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 13 AM 10:33

Principal Place of Business
18816 5TH STREET SOUTHWEST
LUTZ FL 33549

Mailing Address
18816 5TH STREET SOUTHWEST
LUTZ FL 33549-4356



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business
916 DANTE PLACE
Suite, Apt. #, etc.

3. Mailing Address
916 DANTE PLACE
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL.

City & State
JACKSONVILLE, FL.

4. FEI Number
59-3578732

Applied For
Not Applicable

Zip
32207

Country
FLORIDA

Zip
32207

Country
FLORIDA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, STEPHEN E
18816 5TH STREET SOUTHWEST
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
916 DANTE PLACE
City JACKSONVILLE FL Zip Code 32207

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM COX, STEPHEN E ☐ Delete
STREET ADDRESS 18816 5TH STREET SOUTHWEST
CITY-ST-ZIP LUTZ FL 33549

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 916 DANTE PLACE
CITY-ST-ZIP JACKSONVILLE, FL. 32207

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

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

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
STEPHEN COX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-10-00

(904) 396-6736

Date

Daytime Phone #