

2001 UNIFORM BUSINESS REPORT (UBR)

0015602 AF

DOCUMENT # L99000003216

1. Entity Name

OPEN MRI AND CT OF LAKE WORTH, L.L.C.

Principal Place of Business

7639 LAKE WORTH ROAD
LAKE WORTH FL 33467

Mailing Address

7639 LAKE WORTH ROAD
LAKE WORTH FL 33467

2. Principal Place of Business

7639 LAKE WORTH RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

City & State

Zip

33467

Country

U.S.A.

Zip

Country

4. FEI Number

65-0923161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZELCH, MARK G
101 N.W. 1ST AVENUE
DELRAY BEACH FL 33444

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.

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/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JVZ PARTNERS, LTD.
4400 RENAISSANCE PKWY., SUITE L
WARRENSVILLE HEIGHTS OH 44128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
4000003819924--2
-03/09/01--01021018
*****50.00 *****50.00

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

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

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

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

TITLE
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-6-01

Date

216 464 8484

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
01 MAR -1 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083 (11/00)