

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007114

1. Entity Name
PALM BEACH OPEN MRI, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 AM 9:02

Principal Place of Business Mailing Address
875 NORTH MILITARY TRAIL, SUITE 101 875 NORTH MILITARY TRAIL, SUITE 101
JUPITER FL 33458 JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

321 L.A. Kirksey
Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State

4. FEI Number 65-0968553

Applied For
Not Applicable

Zip 33401 Country USA

Zip Country

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

DEMPSEY, W. GLENN
ROGERS, BOWERS, DEMPSEY AND PALADINO
505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

600003356396--0

-08/15/00--01037--016

City

*****50.00 *****50.00
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 MGRM
NAME HOFFMAN, MICHAEL
STREET ADDRESS 875 NORTH MILITARY TRAIL, SUITE 101
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

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

TITLE MGRM
NAME HOGHOOGHI, IRAN M.D.
STREET ADDRESS 3360 BURNS ROAD, PALM BEACH GARDENS MED. C
CITY-ST-ZIP PALM BEACH GARDENS FL 33408 ☐ Delete

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

TITLE MGRM
NAME TORO, JAIME M.D.
STREET ADDRESS 3360 BURNS ROAD, PALM BEACH GARDENS MED. C
CITY-ST-ZIP PALM BEACH GARDENS FL 33408 ☐ Delete

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

TITLE MGRM
NAME SARNER, RICHARD A M.D.
STREET ADDRESS 3360 BURNS ROAD, PALM BEACH GARDENS MED. C
CITY-ST-ZIP PALM BEACH GARDENS FL 33408 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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

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

Date

Daytime Phone #

CR2E083 (5/00)