

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032419 SP

DOCUMENT # L99000007114

1. Entity Name

PALM BEACH OPEN MRI, L.L.C.

FILED

01 APR 12 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

321 LA. KIRKSEY, STE. 100  
WEST PALM BEACH FL 33401

Mailing Address

321 LA. KIRKSEY, STE. 100  
WEST PALM BEACH FL 33401

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

65-0968553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



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)

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

10. ADDITIONS/CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
700004037277--6  
-04/20/01--01138--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-06-01

561 748 9828

CR2E083 (11/00)