

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90099 030 ****50.00

DOCUMENT # L99000007114

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



Principal Place of Business
**321 L.A. KIRKSEY, STE. 100
WEST PALM BEACH, FL 33401**

Mailing Address
**2801 EXCHANGE COURT
WEST PALM BEACH, FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0968553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TORO, JAIME MD
3360 BURNS ROAD-PALM BCH GAR MED CTR
PARL BEACH GARDENS, FL 33410** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
YOUNG, BRIAN MD
3360 BURNS RD-PALM BCH GAR MED CTR
PALM BEACH GARDENS, FL 33410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

Date

Daytime Phone #