

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90368 006 ****50.00

20047435



05152006 Chg-LLC CR2E083 (11/05)

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0968553	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFMAN, MICHAEL 875 NORTH MILITARY TRAIL, SUITE 101 JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, BRIAN MD 3360 BURNS RD-PALM BCH GAR MED CTR PALM BEACH GARDENS, FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 561493-2244 Ex 3		

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Division of Corporations

Annual Report

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Document Number

L99000007114

Business Entity Name

PALM BEACH OPEN MRI, L.L.C.

FEI Number

650968553

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$5.00 each

Principal Place of Business

Address

321 L.A. KIRKSEY, STE. 100

Suite, Apt. #, etc.

City, State

WEST PALM BEACH

FL

Zip Code & Country

33401

Mailing Address

Address

2290 10TH AVENUE NORTH

Suite, Apt. #, etc.

City, State

LAKE WORTH

FL

Zip Code & Country

33461

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

DEMPSEY

W. GLENN

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

ROGERS, BOWERS, DEMPSEY AND PALA

Suite, Apt. #, etc.

505 SOUTH FLAGLER DRIVE, SUITE 1330

City, State

WEST PALM BEACH

FL

Zip Code & Country

33401

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

ATTACHMENT

own RA.

20047435
#L 9900008714**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Managing Member/Manager Name and Address

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

ATTACHMENT

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#L99000007114

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

3360 BURNS RD-PALM BCH GAR MED CT

PALM BEACH GARDENS

FL

33410

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

CMO

Managing Member/Manager Signature

R. L. Lerner MD

The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

Start Over