

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90045 011 ****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
321 L.A. KIRKSEY, STE. 100
WEST PALM BEACH, FL 33401

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2801 EXCHANGE COURT
Suite, Apt. #, etc.

City & State
West Palm Beach FL

Zip
33409

Country
Palm Beach



☒ CHECK HERE IF MAKING CHANGES

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
606 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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 <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	MGRM HOGHOOGHI, IRAN M.D. 3360 BURNS ROAD, PALM BEACH GARDENS MED. C PALM BEACH GARDENS, FL 33408 <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	MGRM SARNER, RICHARD A M.D. 3360 BURNS ROAD, PALM BEACH GARDENS MED. C PALM BEACH GARDENS, FL 33408 <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	MGRM TORO, JAIME MD 3360 BURNS ROAD-PALM BCH GAR MED CTR PALM BEACH GARDENS, FL 33410 <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	MGRM YOUNG, BRIAN MD 3360 BURNS RD-PALM BCH GAR MED CTR PALM BEACH GARDENS, FL 33410 <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 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 508, Florida Statutes.

SIGNATURE: Richard A. Sarnier MD **Richard A. SARNER MD** **4-30-03** **561-684-9566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)