

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90078 009 ****50.00

DOCUMENT # MO0000000742

1. Entity Name

MISSISSIPPI OPEN MRI & IMAGING, LLC

Principal Place of Business

**4300 NORTH POINT PKY.
ALPHARETTA GA 30022**

Mailing Address

**4300 NORTH POINT PKY.
ALPHARETTA GA 30022**

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

62-1830262

Applied For

Not Applicable

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

**JOHN K. LUKE
4511 N. DAVIS HIGHWAY
PENSACOLA FL 32503**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUKE, JOHN K 4300 NORTH POINT PKY. ALPHARETTA GA 30022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VENESKY, GENE 4300 NORTH POINT PKY. ALPHARETTA GA 30022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GENTRY, THOMAS C 4300 NORTH POINT PKY. ALPHARETTA GA 30022	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/21/02

770-300-0104

CR2E083 (9/01)