

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000703

1. Entity Name
HORIZON OPEN MRI OF CORAL SPRINGS, LLC

Principal Place of Business

2825 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Mailing Address

2825 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

FILED

01 FEB -9 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

240 N. WASHINGTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8TH FLOOR

City & State

City & State

SARASOTA FL

4. FEI Number

65-0914884

Applied For

Not Applicable

Zip

Country

Zip

Country

34236

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

BRANCH, DANIEL

5403 ASHTON CTR

SARASOTA FL 34233

Name

Street Address (P.O. Box Number is Not Acceptable)

240 N. WASHINGTON BLVD

7TH FLOOR

City

SARASOTA

FL

Zip Code

34236

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
KERN, MARTIN J
5403 ASHTON CT
SARASOTA FL 34233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
240 N. WASHINGTON BLVD 7TH FLOOR
SARASOTA FL 34236 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

MARTIN J. KERN

1-29-01

941-925-3490

Date

Daytime Phone #

CR2E083 (11/00)