

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90046 015 ****50.00

DOCUMENT # MQ9DDDDDD703	
1. Entity Name Horizon Open MRI of Coral Springs, LLC	

DO NOT WRITE IN THIS SPACE

24081286

2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
City & State		City & State		Not Applicable	
Zip		Zip		FEE Number	
Country		Country		65-0914884	
				7. Name and Address of Current Registered Agent	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

Name Daniel Branch	
Street Address (P.O. Box Number is Not Acceptable) 240 N. Washington Blvd.	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **CFD** DATE **7/22/04**

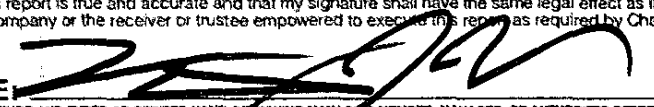
FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kern, Martin J. 240 N Washington Blvd. Sarasota, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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  DATE **7/22/04 (941) 925-3490**

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

Date Daytime Phone #

CR2E083B (12/02)