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 # M99000000703

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

DO NOT WRITE IN THIS SPACE

24081286

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		240 N. Washington Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7th Floor	
City & State		City & State Sarasota, FL	
Zip	Country	Zip 34236	Country

4. FEI Number 65-0914884 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Daniel Branch
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] CFO DATE 7/22/04
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	Kern, Martin J.
STREET ADDRESS	240 N Washington Blvd.
CITY-ST-ZIP	Sarasota, Fl 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

(repeated six times; right column) DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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] 7/22/04 (941) 925-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #