

A9200000046

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 20 AM 10:37

DOCUMENT # A9200000046

1. Name of Limited Partnership

Orange Park Imaging, Ltd.

MJH

2. Principal Office Address

2020 Professional Center Dr. 2323 Curlew Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 7E

City & State

Orange Park, FL

City & State

Palm Harbor, FL

Zip

32073

Country

USA

Zip

34683

Country

USA

4. Date Formed or Registered To Do Business in Florida

11/10/1992

5. FEI Number

58-2015995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$550,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$550,000.00

8. Name and Address of Current Registered Agent

Name

Charles J. Jacobson, c/o Jacobson Consulting, Inc.

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

2323 Curlew Road, Suite

Suite, Apt. #, Etc.

Suite 7E

City

Palm Harbor

State

FL

Zip Code

34683

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Charles J. Jacobson

DATE 9/15/00

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Southern Medical Investments, Inc. <i>Amendment 9/20/00</i>	3667 Sope Creek Farm	Marietta, GA 30067	P96000090037

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

James Binder

DATE

9/17/00

Typed or Printed Name of General Partner Signing Form

James Binder

Telephone Number

770-988-9462

CR2E038 (11/99)