LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -6 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000557

1. Entity Name
Osceola Imaging Center, LTD

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
711 E. Osceola St.	11337 OKeechobee Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Stuart, FL	Royal Palm Beach, FL
Zip 34995 Country USA	Zip 33411 Country USA

DUE BY MAY 1

4. FEI Number 65-0480409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Menkhaus, David J., Esq.

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

2424 N. Federal Hwy, Suite 456

City Boca Raton FL Zip Code 33431

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$105,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P94000008128
NAME	Osceola Imaging Center, Inc.
STREET ADDRESS	11337 OKeechobee Blvd
CITY-ST-ZIP	Royal Palm Beach, FL 33411
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: J Huber Jonathan Huber 4/30/02 561-795-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003B (12/01)