

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 23 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A98000001052

JUPITER OPEN IMAGING CENTER, LTD.

Mailing Address

2665 HAMPTON BRIDGE ROAD
DELRAY BEACH FL 33445

Principal Office Address

2665 HAMPTON BRIDGE ROAD
DELRAY BEACH FL 33445

3. Date Formed or Registered

04/29/1998

5a. Capital Contributions as
Shown on record

\$300.00

3a. Date of Last Report

First Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$300

4. State or Country of Formation

FL

6. FEI Number

65-0825961

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

14025

9. Name and Address of Current Registered Agent

ROYCE, RAYMOND W
4400 PGA BLVD., SUITE 800
PALM BEACH GARDENS FL 33410

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. 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)

DATE

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

11. Name(s) of General Partner(s)

MEDICAL DIAGNOSTIC IMAGING O

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2665 HAMPTON BRIDGE R

11b. City, State & Zip Code

DELRAY BEACH FL 33445

11c. Registration/
Document Number

P98000018156

4000002795194--2
-03/05/99--01003--013
****14.25 ****141.25

SL
3-1-99

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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

Mike Hoffman

DATE

2-19-98

Typed or Printed Name of General Partner Signing Form

Mike Hoffman

Daytime Telephone Number

361-248-9828

CR2E003 (8/98)