FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

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

1. Name of Limited Partnership

MRI OF WELLINGTON, LTD.

1a. DOCUMENT # **A30144**

97-AR
CM

Mailing Address
825 SOUTH BAYSHORE DR.
TOWER 3.. SUITE 1650
MIAMI. FL 33131

Principal Office Address
10101 FOREST HILL BLVD.
WEST PALM BEACH FL 33414

$576.25-FF

3. Date Formed or Registered: 05/30/1990

3a. Date of Last Report: 01/29/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $375,000.00

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address: c/o USDL
Suite, Apt #, etc.: 777 South Flagler Drive Ste 800E
City & State: West Palm Beach FL
Zip: 33401 Country:

2a. Principal Office Address
Suite, Apt #, etc
City & State
Zip Country

6. FEI Number: 65-0198561 ☐ 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)

9. Name and Address of Current Registered Agent

~~MENDELSON, VICTOR H~~
~~3000 TAFT ST.~~
~~HOLLYWOOD FL 33131~~

10. If changed, new Registered Agent/Office

Name: Michael Kerach
Street Address (P.O. Box Number Is Not Acceptable): 777 S. Flagler Drive
Suite, Apt. #, etc: c/o US Diagnostic Inc.
City: West Palm Beach FL Zip Code: 33401

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 10/15/96

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
MEDITEK-WELLINGTON, INC.	~~825 S. BAYSHORE DR.~~, 777 S. Flagler Dr.	~~MIAMI FL 33131~~ WPB FL 33401	S76664

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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 _____ CFO DATE 10/15/96

Typed or Printed Name of General Partner Signing Form: Meditek Wellington Inc. Daytime Telephone Number: 561 832 0006