

P.O. Box 5828
Tallahassee, FL 32314
(800) 342-8086

(Requestor's Name)
1201 Hays Street
(Address)
Tallahassee, FL 32301 222-9171
(City, State, Zip) (Phone #)

Account No.: 072100000032

Reference : Champion open

Authorization: Patricia Papp

Cost Limit : \$ 5600

OFFICE USE ONLY

CSC Contact: Cindy Hagers

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Champion Open MRI, LTD. 500003169855--3
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☒ Photocopy

☐ Certified Copy
☐ Certificate of Statute

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
<input checked="" type="checkbox"/>	Other LP

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

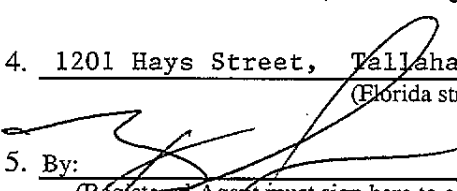
OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 14 PM 4:38
RECEIVED
00 MAR 14 PM 2:29
TALLAHASSEE, FLORIDA

BR 3/14/00

CERTIFICATE OF LIMITED PARTNERSHIP

1. Champion Open MRI, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 11809 North Dale Mabry Avenue, Tampa, Florida 33618
(Business address of Limited Partnership)
3. Corporation Service Company
(Name of Registered Agent for Service of Process)
4. 1201 Hays Street, Tallahassee, FL 32301
(Florida street address for Registered Agent)
5. By:  BRIAN COURTNEY, ASST. V.P. *as its agent*
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 250 So. Australian Avenue, 9th Floor, West Palm Beach, FL 33401
(Mailing Address of the Limited Partnership)

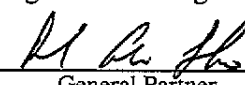
7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/10
8. Name(s) of general partner(s): _____ Street address: _____

<u>USD Carrollwood, Inc.</u>	<u>250 So Australian Avenue 9th Floor</u>
<u>FUUUUUUUU1349</u>	<u>West Palm Beach, FL 33401</u>
_____	_____
_____	_____

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 13th day of March, 19 2000.

Signature of all general partners:

<u></u> General Partner	_____ General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

FILED
SECRETARY OF CORPORATIONS
DIVISION
00 MAR 14 PM 4:38

The undersigned constituting all of the general partners of _____

Champion Open MRI, Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ -0-

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 75,000.

Signed this 13th day of March, ~~19~~ 2000.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

[Signature]
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner