

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
2003 MAY 14 PM 3:50

DOCUMENT # A02000000669	
1. Entity Name OPEN MRI OF MIAMI-DADE, LTD.	

Principal Place of Business 9350 FINANCIAL CENTRE 9350 S. DIXIE HWY., STE. 1110 MIAMI FL 33156	Mailing Address 9350 FINANCIAL CENTRE 9350 S. DIXIE HWY., STE. 1110 MIAMI FL 33156
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2. Principal Place of Business 19802 NE 29th Ave Suite, Apt. #, etc.	3. Mailing Address 1888 Sabal Palm Dr Suite, Apt. #, etc.
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City & State Aventura FL	City & State Boca Raton FL
Zip 33180	Zip 33432
Country USA	Country USA

6. Name and Address of Current Registered Agent RUBENSTEIN, ROBERT 9350 FINANCIAL CENTRE 9350 S. DIXIE HWY., STE. 1110 MIAMI FL 33156	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Robert Rubenstein</i>	DATE 4/21/03

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MEDVEN OPEN MRI, INC.	CITY-ST-ZIP	10001 8945581
STREET ADDRESS	9350 FINANCIAL CTR 9350 S DIXIE HWY #1110	CITY-ST-ZIP	05/14/03--01062--019 **141.25
CITY-ST-ZIP	MIAMI FL 33156		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	VARNER OPEN MRI, INC.	CITY-ST-ZIP	1888 Sabal Palm Dr.
STREET ADDRESS	1888 SABLE PALM DR.	CITY-ST-ZIP	Boca Raton FL 33432
CITY-ST-ZIP	BOCA RATON FL 33432		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Robert Rubenstein</i>	DATE 4/21/03	561-391-2975
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