

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**A15428**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 29 PM 4:28

DOCUMENT #

Name of Limited Partnership

Magnetic Imaging Systems I, Ltd.

DO NOT WRITE IN THIS SPACE.

1. Mailing Address 3122 E. Commercial Blvd		3. Principal Office Address 3122 E. Commercial Blvd		4. Date Formed or Registered to Do Business in Florida 4/20/84	
2. City & State Ft. Lauderdale, FL 33308 USA		2. City & State Ft. Lauderdale, FL 33308 USA		5. FEI Number 59-2400959	
5a. Capital Contributions as Shown on Return 1,374,432.93		5b. Amount of Capital Contributions in FLORIDA to date 1,374,432.93		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. State or Country of Formation Florida		8. FEES: 1. Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 5b, with a minimum filing fee of \$62.50 and a maximum of \$437.50, for each year due this office. 2. Supplemental Fees: \$88.75 for each year due this office, beginning with 1992 calendar year. 3. Penalty Fee(s): \$600 penalty fee for each year beyond term of status-act. Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		9. State or Country of Formation Florida	

9. Name and Address of Current Registered Agent		10. If changed, new registered agent/office	
Name Roberto Palenzuela		Name Roberto Palenzuela	
Street Address (P.O. Box Number is Not Acceptable) 350 NW 12th Ave		Street Address (P.O. Box Number is Not Acceptable) 350 NW 12th Ave	
City Deerfield Beach		City Deerfield Beach	
State and Zip Code FL 33442		State and Zip Code FL 33442	

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) *[Signature]* DATE 4/27/98

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

1. Name of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Nuclear Magnetic Imaging	5100 Town Center Circle, Ste 560	Boca Raton, FL 33486	A15428 G30385 100002516101--8 -05/07/88--01117--001 ***1026.25 ***1026.25 100002516101--8 -05/07/88--01117--002 *****8.75 *****8.75

PRIVATE-500.00  
AR-437.50  
SUOP-88.75  
CO2-8.75  
1,035.00

**REINSTATEMENT 1998**

*[Signature]*

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

2. 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)(x), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) 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 effect 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 *Robert L. Kagan* DATE 4/28/98

Printed Name of General Partner Signing Form ROBERT L. KAGAN Telephone Number 954-772-8000

CRE009(12/97)