

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15428**  
 1. Entity Name  
**MAGNETIC IMAGING SYSTEMS I, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JUN 21 AM 10:36

Principal Place of Business Mailing Address  
**500 AUSTRALIAN AVENUE S. 500 AUSTRALIAN AVE. S.**  
**SUITE 1000 SUITE 1000**  
**W. PALM BEACH, FL 33401 W. PALM BEACH, FL.**  
**33401**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2400959** Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**NOEL J. GUILLAMA**  
**5100 TOWN CENTER CIRCLE, SUITE 560**  
**BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent  
 Name **LAZARO J. MUR, ESQUIRE**  
 Street Address (P.O. Box Number is Not Acceptable) **2665 S. BAYSHORE DRIVE**  
**SUITE 703**  
 City **COCONUT GROVE** **FL** Zip Code **33133**

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.

SIGNATURE **LAZARO J. MUR, ESQ.** DATE  
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **1,374,432.93** 10. Amount of Capital Contributions in FLORIDA to date. **0** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	G30385 NUCLEAR MAGNETIC IMAGING, INC. 5100 TOWN CENTER CIRCLE, S/560 BOCA RATON, FL 33486	STREET ADDRESS	500 AUSTRALIAN AVENUE SOUTH S/1000	
NAME		CITY-ST-ZIP	W. PALM BEACH, FLORIDA 33401	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **DAVID GARTNER** Date **6/1/00** Daytime Phone #  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)

BLT