

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23538**

1. Entity Name
TOWER ADVANCED MRI, LTD.

Principal Place of Business
**15438 N. FLORIDA AVE., STE. 200
TAMPA FL 33613**

Mailing Address
**15438 N. FLORIDA AVE., STE. 200
TAMPA FL 33613-1223**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 PM 12:25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2791869		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
QUESTAR TGH, INC. 15438 N. FLORIDA AVE., STE. 200 TAMPA FL 33613				Name QUESTAR TGH INC c/o ORION			
				Street Address (P.O. Box Number is Not Acceptable) 511 WEST BAY STREET			
				SUITE 301			
				City TAMPA FL FL Zip Code 33606-2700			

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  (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$412,500.00** 10. Amount of Capital Contributions in FLORIDA to date. 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 # J39311	MRI CENTER MANAGEMENT, INC.	STREET ADDRESS	
NAME	4 COLUMBIA DRIVE	CITY - ST - ZIP	
STREET ADDRESS	TAMPA FL 33606		
CITY - ST - ZIP			
DOCUMENT # P98000052239	QUESTAR TGH, INC.	STREET ADDRESS	200003351152--6
NAME	15438 N. FLORIDA AVENUE, #200	CITY - ST - ZIP	-08/09/00--01076--020
STREET ADDRESS	TAMPA FL 33613		****526.25 ****526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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)(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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/2000 **269-9806**
 Date Daytime Phone # **813-822-85**

CR2E003 (9/99)