

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

2002 OCT 10 AM 11:02

DOCUMENT # A23538

1. Name of Limited Partnership

TOWER ADVANCED MRI, LTD.

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

000008260115--9
-10/08/02--01002--017
***3078.75 ***2052.50

2. Principal Office Address

4 Columbia Drive

Suite, Apt. #, etc.

Suite 110

City & State

Tampa, FL

Zip

33606

Country

USA

3. Mailing Office Address

4 Columbia Drive

Suite, Apt. #, etc.

Suite 110

City & State

Tampa, FL

Zip

33606

Country

USA

**4. Date Formed or Registered
To Do Business in Florida**

November 5, 1986

5. FEI Number

59-2791869

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$412,500.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$588,479.00

8. Name and Address of Current Registered Agent

Name

MRI Center Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

4 Columbia Drive

Suite, Apt. #, Etc.

Suite 110

City

Tampa

State

FL

Zip Code

33606

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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.

MRI CENTER MANAGEMENT, INC.

SIGNATURE (Registered Agent Accepting Appointment) By: James D. Cates, President DATE October 2, 2002

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Questar TGH, Inc.	16407 Avila Blvd.	Tampa, FL 33613	P98000052239
MRI Center Management, Inc.	4 Columbia Drive, Suite 110	Tampa, FL 33606	J39311
			2001 PF - 500.00 2001 FF - 526.25 2002 PF - 500.00 2002 FF - 526.25 2052.50

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effects 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.

MRI CENTER MANAGEMENT, INC.

SIGNATURE By: James D. Cates, President DATE October 2, 2002

Typed or Printed Name of General Partner Signing Form James D. Cates, M.D., as President Telephone Number 813-251-6500