

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A23538

1. Entity Name
TOWER ADVANCED MRI, LLLP



Principal Place of Business
4 COLUMBIA DRIVE, STE. 110
TAMPA, FL 33606

Mailing Address
4 COLUMBIA DRIVE, STE. 110
TAMPA, FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07272004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-2791869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MRI CENTER MANAGEMENT, INC.
4 COLUMBIA DRIVE, STE. 110
TAMPA, FL 33606

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
 as Shown on record. **\$588,479.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
 the limited partnership did not receive the
 prior notice.

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**
 NAME **MRI CENTER MANAGEMENT, INC.**
 STREET ADDRESS **4 COLUMBIA DRIVE, STE. 110**
 CITY-ST-ZIP **TAMPA, FL 33606**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME **STANLEY, PAUL M**
 STREET ADDRESS **16407 AVILA BLVD.**
 CITY-ST-ZIP **TAMPA, FL 33613**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME **NEWKIRK, THOMAS R**
 STREET ADDRESS **4943 BAY WAY DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33629**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME **CLAUER, JOSEPH J**
 STREET ADDRESS **1004 TARAY DE AVILA**
 CITY-ST-ZIP **TAMPA, FL 33613**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 19.07(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

MRI CENTER MANAGEMENT, INC.

SIGNATURE: By: *Shelly P Baumann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8/1/04

813 253-2721

STAPLE CHECK HERE