


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Feb 28, 2005 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



01102005 Chg-LP CR2E003 (10/03)

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

9. Capital Contributions as Shown on record	\$588,479.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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	STREET ADDRESS	
NAME	MRI CENTER MANAGEMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	4 COLUMBIA DRIVE, STE. 110		
CITY - ST - ZIP	TAMPA, FL 33606		
DOCUMENT #		STREET ADDRESS	
NAME	STANLEY, PAUL M	CITY - ST - ZIP	
STREET ADDRESS	16407 AVILA BLVD.		
CITY - ST - ZIP	TAMPA, FL 33613		
DOCUMENT #		STREET ADDRESS	
NAME	NEWKIRK, THOMAS R	CITY - ST - ZIP	
STREET ADDRESS	4943 BAY WAY DRIVE		
CITY - ST - ZIP	TAMPA, FL 33629		
DOCUMENT #		STREET ADDRESS	
NAME	CLAUER, JOSEPH J	CITY - ST - ZIP	
STREET ADDRESS	1004 TARAY DE AVILA		
CITY - ST - ZIP	TAMPA, FL 33613		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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: Shell P Baumann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-18-05

Date Daytime Phone #