

2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A23538

FILED
Apr 30, 2008
Secretary of State

Entity Name: TOWER ADVANCED MRI, LLLP

Current Principal Place of Business:

4 COLUMBIA DRIVE, STE. 110
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

4 COLUMBIA DRIVE, STE. 110
TAMPA, FL 33606

New Mailing Address:

P O BOX 30728
TAMPA, FL 336303728

FEI Number: 59-2791869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: J39311
Name: MRI CENTER MANAGEMENT, INC.
Address: 4 COLUMBIA DRIVE, STE. 110
City-St-Zip: TAMPA, FL 33606
Document #:
Name: STANLEY, PAUL M
Address: 16407 AVILA BLVD.
City-St-Zip: TAMPA, FL 33613
Document #:
Name: NEWKIRK, THOMAS R
Address: 4943 BAY WAY DRIVE
City-St-Zip: TAMPA, FL 33629
Document #:
Name: CLAUER, JOSEPH J
Address: 1004 TARAY DE AVILA
City-St-Zip: TAMPA, FL 33613

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MRI CENTER MAGEMENT

Electronic Signature of Signing General Partner

04/30/2008

Date