

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001468 AT

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**

**FILED**  
**03 SEP 12 AM 8:56**  
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number **59-2791869**

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

11. MAKE CHECK PAYABLE TO FL. 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**  
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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 of Carlos R Martinez*  
**Carlos R MARTINEZ** 9/10/03 813 251 6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE