

**2009 LIMITED PARTNERSHIP REINSTATEMENT**

**FILED  
Oct 06, 2009  
Secretary of State**

**DOCUMENT# A24150**

**Entity Name:** DELRAY/WEST BOCA MRI ASSOCIATES, LTD.

**Current Principal Place of Business:**

5270 LINTON BLVD.  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5270 LINTON BLVD.  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number: 59-2776411**      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ESRIG, KENNETH CEO  
5270 LINTON BLVD.  
DELRAY BEACH, FL 33484    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 #: L95675  
Name: MIST, INC.  
Address: 7794 AFTON VILLA COURT  
City-St-Zip: BOCA RATON, FL 33433

**ADDRESS CHANGES ONLY:**

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: KENNETH ESRIG

MGR

10/06/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date