


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC 17 PM 2:12 <i>unth</i> <i>12/18</i>	
1. Name of Limited Partnership		1a. DOCUMENT # A25140			
MAGNETIC RESONANCE INSTITUTE OF NORTH MIAMI BEACH, LTD.					
Mailing Address C/O IMI ACQUISITION CORPORATION 160 BROADWAY NEW YORK NY 10038		Principal Office Address 2424 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON FL 33431-7787		3. Date Formed or Registered 09/08/1987	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0525353 65-0510154 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					
5a. Capital Contributions as Shown on record. \$1,000.00					
5b. Amount of Capital Contributions in FLORIDA to date:					

9. Name and Address of Current Registered Agent		10. If changed, now Registered Agent/Office	
SCHULMAN, STEPHEN A M.D. 610 GLADES ROAD BOCA RATON FL 33431		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
IMI ACQUISITION OF NORTH MIA	C/O IMI ACQUISITION C	NEW YORK NY 10038	P94000048335
300002379953--6 -12/23/97--01018--004 ****156.25 ****156.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE 12-1-97

Typed or Printed Name of General Partner Signing Form LEWIS SCHILLER

Daytime Telephone Number 212-233-4500

CR2E003 (6/97)