

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

96 OCT 30 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
A29106

WINTER PARK MRI PARTNERS, LTD.

an-OR  
CM



Mailing Address  
825 SOUTH BAYSHORE DR  
TOWER 3 SUITE 1650  
MIAMI FL 33131

Principal Office Address  
825 SOUTH BAYSHORE DR  
TOWER 3 SUITE 1650  
MIAMI FL 33131

3. Date Formed or Registered  
10/20/1989

5a. Capital Contributions as  
Shown on record  
\$570,000.00

3a. Date of Last Report  
01/29/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation  
FL

6. FEI Number  
59-2979902

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

VICTOR H. MENDELSON  
3000 TRF STREET  
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name

Michael Kersch

Street Address (P.O. Box Number is Not Acceptable)

777 S Flyker Drive

Suite, Apt. #, etc.

c/o US Diagnostic Inc.

City

West Palm Beach

FL

Zip Code

33401

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

WINTER PARK MEMORIAL HOSPITA  
MEDI-TEK-WINTER PARK, INC

C/O 200 NORTH LAKEMON  
825 SOUTH BAYSHORE DR  
777 S. Flyker Dr.

WINTER PARK FL  
MIAMI FL 33131  
WPB FL 33401

712822  
L53727

200001997302--1  
-11/06/96--01017--017  
\*\*\*1501.25 \*\*\*\*576.25

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)(x), 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

Med:Tek - Winter Park Inc.

CFO

DATE

10/15/96

Typed or Printed Name of General Partner Signing Form

Med:Tek - Winter Park Inc.

Daytime Telephone Number

561 832 0001

CP2EC03 (6/96)