

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 28 AM 9:15

1. Name of Limited Partnership

1a. DOCUMENT #  
A29106

WINTER PARK MRI PARTNERS, LTD.



Mailing Address

% USDC  
777 S. FLAGLER DR., SUITE 1201 EAST  
WEST PALM BEACH FL 33401  
0

Principal Office Address

200 N. LAKEMONT AVE  
WINTER PARK FL 32792

3. Date Formed or Registered

10/20/1989

5a. Capital Contributions as  
Shown on record.

\$570,000.00

3a. Date of Last Report

01/02/1998

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

570,000.00

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 TRFT STREET  
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name  
CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number Is Not Acceptable)  
1201 HAYS STREET  
Suite, Apt. #, etc.  
City  
TALLAHASSEE FL Zip Code  
32301

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)

*Deborah W. Skipper*

DATE

12-28-98

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)

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

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

C/O 200 NORTH LAKEMONT  
777 S. FLAGLER DRIVE  
250 S. AUSTRALIAN AVE  
9TH FLOOR

11b. City, State & Zip Code

WINTER PARK FL  
WEST PALM BEACH FL 33401

11c. Registration/  
Document Number

712822  
L53727

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

*W. M. Moore*

DATE

12/23/98

Typed or Printed Name of General Partner Signing Form

W. M. MOORE VP & CFO

Daytime Telephone Number

561/832-1766

CR2E003 (8/98)