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

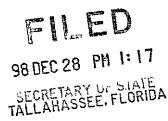
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A29243**

Typed or Printed Name of General Partner Signing Form WAYNE





NORTH FLORIDA REGIONAL IM	IAGING CENTER, LT	TD.		
Mailing Address Principal Office Address 777 S. FLAGLER DR. 1010 N.W. 64TH TERRACE STE. 1201 EAST GAINESVILLE FL 32605			3. Date Formed or Registered 11/22/1989 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
WEST PALM BEACH FL 33401	20 Division Office Address		01/02/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 250 S. AUSTRALIAN AVE	2a. Principal Office Address		FL	82.∞
Suite, Apt. #, etc. 9th FLOOK	Suite, Apt. #, etc.		6. FEI Number 33-0386531	Applied For Not Applicable
WEST PARMBEACH, FURIDA	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Regulred
21p Country USA USA	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)
9. Name and Address of Current Re	egistered Agent		10. If changed, new Registered	d Agent/Office
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST		Name		
		Street Address (P.O. Box Number Is Not Acceptable)		
SUITE 105		Suite, Apt. #, etc.	,	
TALLAHASSEE FL 32301		City Zip Code		
agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST		IMITED PA	RTNERSHIP OR OTHE VITH THIS OFFICE.	
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner x Numbers) 111	City, State & Zip Code	11c. Registration/ Document Number
MICA FLO I, INC.			s an diego c a	P13988
	250 S. AUSMALIA		0 0 0 0	
	9th FLOOR W		. PALM BOTICH, FL	
			3 <i>3</i> 401	
•			5000027 -01/14/ ****14	742935—-1 98-01131-008 1.25 ****141.25
Note: General partners MAY NOT b	se changed on this form	ı an amendı	ment must be filed to ch	ange a general partner.
12. I do hereby certify that the information supplied with this corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signal empowered to execute this report as required by chapter	filing is voluntarily furnished and does not ction 119.07(3)(k) in the event that the infi ture shall have the same legal effects as it	qualify for the exempt	ion stated in Section 119.07(3)(k), Florida S eemed exempt from public access. I further	statutes. I release the Division of certify that the information indicated on
SIGNATURE / W		··· ·	DATE	12/23/98
Typed or Printed Name of General Partner Signing Form	AYME MOOR V	04CFO	Daytime Telephone Number 5	61/832-1766