

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 8:59

1. Name of Limited Partnership

1a. DOCUMENT #  
A30144

MRI OF WELLINGTON, LTD.



Mailing Address

Principal Office Address

% USDL  
777 SOUTH FLAGLER DR. SUITE 1006  
WEST PALM BEACH FL 33401

10101 FOREST HILL BLVD.  
SUITE 1201 EAST  
WEST PALM BEACH FL 33414

3. Date Formed or Registered

05/30/1990

5a. Capital Contributions as  
Shown on record.

\$375,000.00

3a. Date of Last Report

01/02/1998

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

375,000.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

250 S. AUSTRALIAN AVENUE

Suite, Apt. #, etc.

9TH FLOOR

City & State

WEST PALM BEACH, FLORIDA

Zip

33401

Country  
USA

6. FEI Number

65-0198561

☐ 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

KARSCH, MICHAEL  
777 S. FLAGLER DRIVE  
% US DIAGNOSTIC INC.  
WEST PALM BEACH FL 33401

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)

Neeriah D. 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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

MEDITEK-WELLINGTON, INC.

777 S. FLAGLER DR.  
250 S. AUSTRALIAN AVE,  
9A FLOOR

WEST PALM BEACH FL 33401

S76664

500002732295--2  
-01/06/99-01078-003  
\*\*\*\*526.25 \*\*\*\*526.25

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

Wayne Moor

DATE

12/28/98

Typed or Printed Name of General Partner Signing Form

WAYNE MOOR

VP & CFO

Daytime Telephone Number

561/832-1966

CR2E003 (8/98)