

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 12/19/97
97 DEC 19 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A30734

LAKE WORTH MRI, LIMITED

Mailing Address

% COLUMBIA/HCA TAX DEPT.
P.O. BOX 750
NASHVILLE TN 37202

Principal Office Address

C/O COLUMBIA/HCA TAX DEPT.
ONE PARK PLAZA
NASHVILLE TN 37203

3. Date Formed or Registered

10/25/1990

5a. Capital Contributions as
Shown on record.

\$602,000.00

3a. Date of Last Report

04/01/1997

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

4. State or Country of Formation

FL

6. FEI Number

65-0222281

☐ 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

THE PRENTICE-HALL CORPORATION SYSTEMS, INC
1201 HAYS STREET
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

900002385299--0

Street Address (P.O. Box Number Is Not Accepted)

12730797--01014--022

Suite, Apt. #, etc.

****541.25 ****541.25

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)

BUTLER SERVICES, INC.
COLUMBIA HOSPITAL CORPORATIO

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

5301 S. CONGRESS AVE.
ONE PARK PLAZA

11b. City, State & Zip Code

ATLANTIS FL
NASHVILLE TN 37203

11c. Registration/
Document Number

L91890
S87017

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

Don A. Blackwood

DATE 12-5-97

Typed or Printed Name of General Partner Signing Form

DORA A. BLACKWOOD

Daytime Telephone Number

615-344-2162

CR2E003 (6/97)