

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30734**

1. Entity Name  
**LAKE WORTH MRI, LIMITED**

FILED

00 APR 13 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O COLUMBIA/HCA TAX DEPT.  
ONE PARK PLAZA  
NASHVILLE TN 37203

Mailing Address  
P.O. BOX 750 - LEGAL  
NASHVILLE TN 37202-0750



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0222281</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEMS, INC</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$602,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	---

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L91890	STREET ADDRESS	
NAME	BUTLER SERVICES, INC.	CITY - ST - ZIP	
STREET ADDRESS	5301 S. CONGRESS AVE.		
CITY - ST - ZIP	ATLANTIS FL		
DOCUMENT #	S87017	STREET ADDRESS	
NAME	COLUMBIA HOSPITAL CORPORATION OF SOUTH FL	CITY - ST - ZIP	
STREET ADDRESS	ONE PARK PLAZA		
CITY - ST - ZIP	NASHVILLE TN 37203		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-12-00

Date Daytime Phone #

CR2E003 (9/99)