

# 2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2  
0004621 SP 1,1

DOCUMENT # **A31166**

1. Entity Name

**THE MAGNET OF PALM BEACH, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR-2 PM 3:54

Principal Place of Business  
C/O 505 S. FLAGLER DR., SUITE 1100  
WEST PALM BEACH FL 33401

Mailing Address  
C/O 505 S. FLAGLER DR., SUITE 1100  
WEST PALM BEACH FL 33401



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **65-0241800** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCRACKEN, JOHN B  
JONES, FOSTER, JOHNSTON  
505 S. FLAGLER DR., #1100  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record **\$400,000.00**

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

DOCUMENT # **S17850**  
NAME **MRI OF PALM BEACH, INC.**  
STREET ADDRESS **C/O 505 S. FLAGLER DR., SUITE 1100**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **OFF 526.25**  
**COLF 400.00**  
CITY-ST-ZIP

*originally received  
refused 9/29/00  
not resubmitted  
within 30 days  
due to clerical  
error  
3/2/01*

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CITY-ST-ZIP

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**000003810950-0**  
**-03/08/01--01007--001**  
**\*\*\*926.25 \*\*\*926.25**

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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:

*Patricia Conney Sweeney, PRES.*

**9/26/00**

**913-4985**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*PATRICIA CONNEY SWEENEY, PRES.*

CR2E003 (5/00)

2 of 2

## The MRI of Palm Beach, Inc.

February 27, 2001

Florida Department of State  
Division of Corporations  
Attn: Brenda Tadlock, Partnership Section  
P.O. Box 6327  
Tallahassee, FL 32314

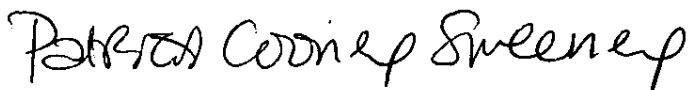
**RE: The Magnet of Palm Beach, Ltd. - Reinstatement**

Dear Brenda:

Per our discussion, I am requesting a reinstatement of The Magnet Of Palm Beach, Ltd. I have attached the original form and a copy of the check and form that was submitted in September 2000. The assets of this business were sold to a third party in March 1997. The limited partnership is in the process of completing final accounting and final distributions to limited partners. This limited partnership will either cancel/close this business or submit the appropriate filing fees for 2001 before May 1, 2001.

Thank you for your attention to this matter. Should you have any questions or comments, please do not hesitate to contact me via telephone at 734/761-6112 or via facsimile at 734/913-5351.

Sincerely,



Patricia Cooney Sweeney