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
99 JAN 12 AM 10:49

1. Name of Limited Partnership

1a. DOCUMENT # A31550

MAGNETIC RESONANCE INSTITUTE OF JUPITER, LTD.

Mailing Address
P.O. BOX 810969
BOCA RATON FL 33481-0969
US

Principal Office Address
P.O. BOX 810969
BOCA RATON FL 33481-0969
US

3. Date Formed or Registered: 05/14/1991

3a. Date of Last Report: 12/31/1997

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $427,000.00

5b. Amount of Capital Contributions in FLORIDA to date: 427,000.00

6. FEI Number: 65-0264924 ☐ 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)

2. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt #, etc
City & State
Zip Country

9. Name and Address of Current Registered Agent

WIENER,JOHATHAN
~~2565 SOUTH OCEAN BLVD~~ 4409 Intracoastal Dr.
~~APT 205N~~
HIGHLAND BCH FL 33487

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable): 4409 Intracoastal Dr.

Suite, Apt #, etc

City: Highland Beach FL Zip Code: 33487

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
VASCULAR SERVICES, INC.	~~2151 ALTERNATE A1A SO~~ 3333 S. Congress Ave. ste 301	~~JUPITER FL 33477~~ Delray Beach, FL 33445	L25958

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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 [signature] DATE 12/22/98

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (8/98)