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DIVISION OF CORPORATIONS
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
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500001694375
-01/22/96--01032--015
****997.50 ****997.50

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

C. TAX
FILING 911.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 997.50
N. BANK
BALANCE DUE
REFUND

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

1/12/96

Examiner's Initials

SK

CERTIFICATE OF LIMITED PARTNERSHIP

1. Regional MRI of Jacksonville, Inc.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 5200-B Davisson Avenue, Orlando, FL 32810
(Business Address of Limited Partnership)
3. Larry M. Lammers
(Name of Registered Agent for Service of Process)
4. 5200-B Davisson Avenue, Orlando, FL 32810
(Florida Street Address for Registered Agent)
5. [Signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 5200-B Davisson Avenue, Orlando, FL 32810
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2030

8. Name(s) of general partner(s):

Street Address:

Regional MRI of Jacksonville, Inc.

5200-B Davisson Avenue

940000043446

Orlando, FL 32810

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents hereof and that the facts state herein are true and correct.

Signed the 9th day of January, 1996.

Signature of all general partners:

REGIONAL MRI OF JACKSONVILLE, INC.,
a Florida corporation, General Partner

By:

[Signature]
Larry M. Lammers, President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting the sole general partner of Regional MRI of
Jacksonville I. Ltd., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 100.00.

The total amount contributed and anticipated to be contributed by the limited partners
at this time totals \$ 130,000.

Signed the 9th day of January, 1998.

FURTHER AFFIANT SAYETH NOT.

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know
the contents thereof and that the facts state herein are true and correct.*

Regional MRI of Jacksonville, Inc., a
Florida corporation, General Partner

By: 

Larry M. Lammers, President

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