

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 AM 11:12

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1/13



1. Name of Limited Partnership

1a. DOCUMENT #
A96000000391

ADVANCED IMAGING CENTER OF WINTER PARK, LTD.

Mailing Address

~~1340 HARMON AVENUE~~
~~WINTER PARK FL 32789~~

Principal Office Address

~~1340 HARMON AVENUE~~
~~WINTER PARK FL 32789~~

3. Date Formed or Registered

02/28/1996

5a. Capital Contributions as
Shown on record.

\$300,000.00

3a. Date of Last Report

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

\$230,000

4. State or Country of Formation

FL

2. Mailing Address

1561 W. Fairbanks Ave.

2a. Principal Office Address

1561 W. Fairbanks Ave

Suite, Apt. #, etc.

MRI Suite
City & State

Winter Park, FL

Zip Country
32789 USA

Suite, Apt. #, etc.

MRI Suite
City & State

Winter Park, FL

Zip Country
32789 USA

6. FEI Number

59-3365659

☐ 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

GOFF, BARRY L
215 NORTH EOLA DR.
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

0000002056910-9
-01/14/97-01086-008
******576.25 FL ****576.25**

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)

INNOVATIVE MEDICAL DIAGNOSTI

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

1340 HARMON AVENUE

11b. City, State & Zip Code

WINTER PARK FL 32789

11c. Registration/
Document Number

P96000018361

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

Tony Talbert

DATE

12-28-96

Typed or Printed Name of General Partner Signing Form

TONY TALBERT

Daytime Telephone Number

407 629 7474

CR2E003 (6/96)