FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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 MAR 10 AM 9:42

1. Name of Limited Partnership

1a. DOCUMENT # A96000001978

IMAGING CENTER OF PALM CITY, LTD.

Mailing Address	Principal Office Address
9121 N. MILITARY TRAIL. SUITE 218 PALM BEACH GARDENS FL 33410	9121 N. MILITARY TRAIL. SUITE 218 PALM BEACH GARDENS FL 33410

3. Date Formed or Registered: 10/22/1996

3a. Date of Last Report:

4. State or Country of Formation: FL USA

5a. Capital Contributions as Shown on record: $400,000.00

5b. Amount of Capital Contributions in FLORIDA to date: 0

2. Mailing Address: 2710 SW Martin Downs Blvd.
Suite, Apt. #, etc.:
City & State: Palm City FL
Zip: 34990 Country: U.S.A

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

6. FEI Number: 65-0698906 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired: X $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information) 280.00

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
HARRIS, MICHAEL D ESQ. C/O COHEN, CHERNAY, ET AL 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408	Name: DAVID HERNANDEZ Street Address (P.O. Box Number Is Not Acceptable): 9121 N. Military Trail Suite, Apt. #, etc.: 218 City: Palm Beach Gardens FL Zip Code: 33410

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.

X SIGNATURE (Registered Agent Accepting Appointment) David Hernandez DATE 3/6/97

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
SOUTHEAST DIAGNOSTICS SYSTEM	9121 N. MILITARY TRAIL #218	PALM BEACH GARDENS FL	P96000046795

200002111892--0
-03/12/97--01122--006
****200.00 ****200.00

dcc (cw) 200.00

CR2E003 (11/96)

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.

X SIGNATURE David Hernandez DATE 3-6-97

Typed or Printed Name of General Partner Signing Form: David Hernandez Daytime Telephone Number: 561.627.9204