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



Typed or Printed Name of General Partner Signing Form Frederick J. Bergman, Res. - International

DATE 12-30-76

Q13-831-4862

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LIMITED PARTNERSHIP ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE  Sandra Mortham  Secretary of State  DIVISION OF CORPORATIONS		SECRETARY OF STATE CHARLES OF FREE STATE	
1. Name of Limited Partnership	1a. DOCUMENT # A96000002653			
Ultra Diagnostic Imagina	g Centers, Ltd.			
Mailing Address 6701 38th Avenue North Swite 3 St. Retersburg Florida 33710	Principal Office Address 6701 38th Avenue North Suite 3 St. Petersburg Florida 33710		3. Date Formed or Registered  //- 6 - 96  38. Date of Last Report	58. Capital Contributions as Shown on record
2. Mailing Address	2a. Principal Office Address		initial report 4. State or Country of Formation  Florida	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		6. FEI Number	Applied For Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired  8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee information)
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
9. Name and Address of Current F	Registered Agent		10. If changed, new Registered	d Agent/Office
Frederick J. Bergmann Strat Address (P.D.)				
Mtoczkowski & Betgmann		Street Address (P.O. I	Box Number Is Not Acceptable)	
3304 W. Harbor View Avenue		n.t.14		
			<del>\( \)</del> \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \	FL Zip Code
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 120,192, Florida States.				
SIGNATURE (Registered Agent Accepting Appointment) — Judiul Ok Duma DATE 18-30-16				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
	Address of Each General		·	11c. Registration/
11. Name(s) of General Partner(s)	3304 West Hart		City, State & Zip Code	300000000000000000000000000000000000000
International Investments of Tampa, Inc.	3304 West Hart	yar view. Je	Tames, F1. 3364	1,324990 = 1
			400003 -02/11 ****	20900748 3/9701012001 191.25 ****191.25
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.				
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