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FROM: GARCIA & AVELLAN, P.A.
CONTACT: LILIANA V AVELLAN
PHONE: (305) 447-0026

ACCT#: 105214001016

FAX #: (305) 447-2280

NAME: OPEN MAGNETIC IMAGING OF CORAL SPRINGS, LTD.

AUDIT NUMBER.....H97000021079

DOC TYPE.....FLORIDA LIMITED PARTNERSHIP

CERT. OF STATUS...1

CERT. COPIES.....1

PAGES..... 4

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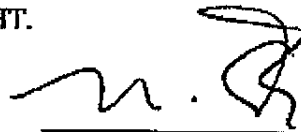
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**AFFIDAVIT OF CAPITAL CONTRIBUTION OF
OPEN MAGNETIC IMAGING OF CORAL SPRINGS, LTD.**

Nelson Acosta, being duly sworn by me, the undersigned authority, notary public within and for the county and state stated below, deposes and says that:

- 1. I am the president of University MRI Management, Inc., the sole general partner of Open Magnetic Imaging of Coral Springs, Ltd.
- 2. The amount of capital contributions of the limited partners of Open Magnetic Imaging of Coral Springs, Ltd., is \$500.00.
- 3. The amount of capital contributions anticipated to be contributed by the limited partners of Open Magnetic Imaging of Coral Springs, Ltd., is \$500.00 (inclusive of amounts contributed).

FURTHER AFFIANT SAYETH NAUGHT.



Nelson Acosta

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STATE OF FLORIDA)
)SS:
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this ____ day of _____, 1997 by Nelson Acosta, as President of University MRI Management, Inc., who is personally known to me and who did not take an oath.

_____ (signature of person taking acknowledgment)

_____ (name of officer taking acknowledgment, typed, printed or stamped)
Notary Public (title or rank)

_____ (serial number, if any)

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CERTIFICATE OF LIMITED PARTNERSHIP

FOR

OPEN MAGNETIC IMAGING OF CORAL SPRINGS, LTD.

Pursuant to § 620.108 of the Florida Statutes, Open Magnetic Imaging of Coral Springs, Ltd., hereby files its certificate of limited partnership and states as follows:

1. The name of the limited partnership shall be:

Open Magnetic Imaging of Coral Springs, Ltd.

2. The address of the office of and the name and address of agent for service of process required to be maintained by § 620.105 of the Florida Statutes is:

Mario R. Delgado, Esq.
Mario R. Delgado, P.A.
306 Alcazar Avenue, Suite 302
Coral Gables, FL 33134

3. The name and business address of the sole general partner of Open Magnetic Imaging of Coral Springs, Ltd., is:

University MRI Management, Inc.
6820 Winged Foot Drive
Miami, FL 33015
Attn: Nelson Acosta

997-100119

This document prepared by:

Mario R Delgado, Esq.,
Mario R Delgado, P.A.
306 Alcazar Avenue, Suite 306
Coral Gables, Florida 33134

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4. The initial mailing and principal place of business address for Open Magnetic Imaging of Coral Springs, Ltd., is:


Open Magnetic Imaging of Coral Springs, Ltd
c/o University MRI Management, Inc.
6820 Winged Foot Drive
Miami, FL 33015
Attn: Nelson Acosta

5. The latest date upon which Open Magnetic Imaging of Coral Springs, Ltd., is to dissolve is January 31, 2048.

IN WITNESS WHEREOF, the undersigned general partner of Open Magnetic Imaging of Coral Springs, Ltd., has executed the certificate of limited partnership this _____ day of December, 1997.

OPEN MAGNETIC IMAGING OF
CORAL SPRINGS, LTD.

By: University MRI Management, Inc.
Its: General Partner



Nelson Acosta, its President

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