

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

90 APR - 8 PM 3:04

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002835

OPEN MAGNETIC IMAGING OF CORAL SPRINGS, LTD.



Mailing Address

Principal Office Address

C/O UNIVERSITY MRI MANAGEMENT, INC.
6820 WINGED FOOT DRIVE
MIAMI FL 33015

C/O UNIVERSITY MRI MANAGEMENT, INC.
6820 WINGED FOOT DRIVE
MIAMI FL 33015

3. Date Formed or Registered

12/23/1997

**5a. Capital Contributions as
Shown on record.**

\$1,000.00

3a. Date of Last Report

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

\$500

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

45-0806168

☐ 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

DELGADO, MARIO R ESQ.
306 ALCAZAR AVENUE, SUITE 302
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number) **9039002486819--3**

Suite, Apt. #, etc.

04/13/98--01101--005
*****150.00 ***150.00**

City

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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE **3-31-98**

**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**

UNIVERSITY MRI MANAGEMENT, I

6820 WINGED FOOT DRIV

MIAMI FL 33015

P97000100119

CR2E003 (12/97)

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

DATE

Typed or Printed Name of General Partner Signing Form

NELSON A. CASTA

Printed Telephone Number