FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1999

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

LC 1/27

99 JAN 19 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
Open Magnetic Imaging of Coral Springs, LTD

1a. DOCUMENT # A98000023[illegible]

Mailing Address
[illegible] University Drive
Suite C [illegible]
Plantation, FL 33324

Principal Office Address
[illegible] University Drive
Suite C [illegible]
Plantation, FL 33324

3. Date Formed/Date Registered
[illegible]

3a. Effective Date (Optional)
1 [illegible] 98

4. State or Country of Formation
Florida

5a. Capital Contributions or Value Received
425,000

5b. Amount of Capital Contributions in FLORIDA Dollars
$ 425,000

2. Mailing Address
Heron University
Suite A
City & State
Coral Springs, FL
Zip 33071 Country USA

2a. Principal Office Address
[illegible] University
Suite A
City & State
Coral Springs, FL
Zip 33071 Country USA

6. FEI Number
[illegible]
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired
☒ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (Incomplete applications will not be filed.)

9. Name and Address of Current Registered Agent
Mario R. Delgado, Esq.
Mario R. Delgado, P.A.
2121 Ponce de Leon Blvd, Suite 705
Coral Gables, FL 33134

10. If Changing Name of Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. # etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above named limited partnership organized for registration 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 the 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 1-12-99

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 Number(s))	**11b.** City, State & Zip Code	**11c.** Registered Document Number
University MRI Mgt, Inc.	[illegible] University Drive Suite C [illegible]	Plantation, FL 33324	P98000[illegible]

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-02/02/99--01073--003
****535.00 ****535.00

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)(i), Florida Statutes. I understand the Division of Corporations is free 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. Further, I 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 JAN 12TH 1999

Typed or Printed Name of General Partner Signing Form: NELSON ACOSTA, PRES. UNIVERSITY MRI MANAGEMENT, INC. Daytime Telephone Number: 954-424-6004

CR2E022 (6/98)