

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002835**

1. Entity Name

OPEN MAGNETIC IMAGING OF CORAL SPRINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business

801 S. UNIVERSITY DRIVE SUITE C-136A
PLANTATION FL 33071

Mailing Address

801 S. UNIVERSITY DRIVE SUITE C-136A
PLANTATION FL 33324-3336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 S. University Drive

Suite, Apt. #, etc.
Suite K103A

City & State
Plantation, FL

Zip
33324

Country
US

3. Mailing Address

801 S. University Drive

Suite, Apt. #, etc.
Suite K103A

City & State
Plantation, FL

Zip
33324

Country
US

4. FEI Number

65-0806168

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, MARIO R ESQ.
MARIO R. DELGADO P.A.
2151 LEJUENE ROAD SUITE 202
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Mario R. Delgado, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
2151 S. Lejuene Road, Suite 202
City **Coral Gables** FL Zip Code **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

4/27/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

505,000

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000100119**
NAME **UNIVERSITY MRI MANAGEMENT, INC.**
STREET ADDRESS **801 S. UNIVERSITY DRIVE SUITE C-136A**
CITY - ST - ZIP **PLANTATION FL 33324**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **801 S. University Dr, Suite K103A**
CITY - ST - ZIP **Plantation, FL 33324**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-27-00 (305) 774-9210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/97)