

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A97000002835**  
 1. Entity Name  
**OPEN MAGNETIC IMAGING OF CORAL SPRINGS, LTD.**

**FILED**

Principal Place of Business: **801 S. UNIVERSITY DRIVE SUITE K103A PLANTATION FL 33324**  
 Mailing Address: **801 S. UNIVERSITY DRIVE SUITE K103A PLANTATION FL 33324**

**01 APR 18 PM 12:15**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business: **1670 N. University Dr**  
 Suite, Apt. #, etc.: **# A**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State: **Coral Springs, FL**  
 Zip: **33071** Country: **USA**

4. FEI Number: **65-0806168**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DELGADO, MARIO R ESQ.**  
**2151 S. LEJEUNE RAD, SUITE 202**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$505,000.00**  
 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 #	<b>P97000100119</b>
NAME	<b>UNIVERSITY MRI MANAGEMENT, INC.</b>
STREET ADDRESS	<b>801 S. UNIVERSITY DRIVE SUITE K103A</b>
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200004103672</b>
CITY-ST-ZIP	<b>-05/01/01--01103--010</b>
STREET ADDRESS	<b>***526.25 ***526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Nelson Acosta** (954) 4-11-01 423-8889  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)