

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002835**

1. Entity Name

OPEN MAGNETIC IMAGING OF CORAL SPRINGS, LTD.

FILED

02 MAY -1 PM 5: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1670 N. UNIVERSITY DRIVE. #A
CORAL SPRINGS FL 33071

Mailing Address

1670 N. UNIVERSITY DRIVE. #A
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

801 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

K103A

DUE BY MAY 1, 2002

City & State

PLANTATION, FL

4. FEI Number

65-0806168

Applied For

Not Applicable

Zip

Country

Zip

33324

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, MARIO R ESQ.
2151 S. LEJEUNE RAD, SUITE 202
CORAL GABLES FL 33134

Name **Mario R. Delgado, P. A.**

Street Address (P.O. Box Number is Not Acceptable)

2000 Ponce De Leon Blvd.
#102

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

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

DATE

4/30/02

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

13. ADDRESS CHANGES ONLY

| | |
|----------------|-------------------------------------|
| DOCUMENT # | P97000100119 |
| NAME | UNIVERSITY MRI MANAGEMENT, INC. |
| STREET ADDRESS | 801 S. UNIVERSITY DRIVE SUITE K103A |
| CITY-ST-ZIP | PLANTATION FL 33324 |
| DOCUMENT # | |
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

Date

954-343-4100

Daytime Phone #

CR2E003 (9/01)