


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A9700002835 1. Entity Name OPEN MAGNETIC IMAGING OF CORAL SPRINGS, LTD.	
---	---

FILED
 04 MAY 21 PM 1:36
 DEPT. OF REVENUE
 TALLAHASSEE, FLORIDA

MJB

Principal Place of Business C/O THE OMI GROUP, INC. 2200 N. COMMERCE PARKWAY STE. 101 WESTON, FL 33326	Mailing Address C/O THE OMI GROUP, INC. 2200 N. COMMERCE PARKWAY STE. 101 WESTON, FL 33326
---	---



2. Principal Place of Business 2200 N. COMMERCE PKWY Suite, Apt. #, etc. # 100 City & State WESTON, FL Zip 33326	3. Mailing Address 2200 N. COMMERCE PKWY Suite, Apt. #, etc. # 100 City & State WESTON, FL Zip 33326
---	---

02172004	Chg-LP	CR2E003 (10/03)	3/21
4. FEI Number 65-0806168	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$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. 2000 PONCE DE LEON BLVD., #102 CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City align="right"> 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. I am familiar with, and accept the obligations of registered agent.

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

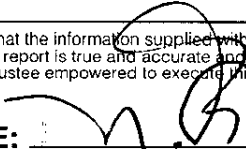
9. Capital Contributions as Shown on record. \$505,000.00	10. Amount of Capital Contributions in FLORIDA to date.
--	---

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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000100119 UNIVERSITY MRI MANAGEMENT, INC. 801 S. UNIVERSITY DRIVE SUITE K103A PLANTATION, FL 33324	STREET ADDRESS CITY-ST-ZIP	2200 N. COMMERCE PKWY #100 WESTON, FL 33326
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900034065779 04/27/04-01034-001 **6950.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900034065779 06/11/04--01021--005 **355.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____