

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**


FILED

2005 APR -8 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002835

1. Entity Name
OPEN MAGNETIC IMAGING OF CORAL SPRINGS, LTD.



Principal Place of Business 2200 N. COMMERCE PKWY, #100 WESTON, FL 33326	Mailing Address 2200 N. COMMERCE PKWY, #100 WESTON, FL 33326
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

DELGADO, MARIO R ESQ.
2000 PONCE DE LEON BLVD., #102
CORAL GABLES, FL 33134



01172005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0806168	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. 526.25
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**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. 2200 N. COMMERCE PKWY, #100 WESTON, FL 33326	STREET ADDRESS	04/28/05--01066--001 **7255.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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: _____ DATE: 4-1-5 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

52-925

STAPLE CHECK HERE