

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:28

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**

DO NOT WRITE IN THIS SPACE

02152006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0806168

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 **2200 N. COMMERCE PKWY, #100**
CITY-ST-ZIP **WESTON, FL 33326**

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100075557161
05/31/06--01030--007 **1800.00
000000490548
04/18/06-80061-001 \$350.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

STAPLE CHECK HERE