


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
May 10, 2007 08:00
Secretary of State**

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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DO NOT WRITE IN THIS SPACE



01252007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0806168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

U00000763818
05/30/07-80032-001 6850.00

**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 # NAME STREET ADDRESS CITY - ST - ZIP	P97000100119 UNIVERSITY MRI MANAGEMENT, INC. 2200 N. COMMERCE PKWY, #100 WESTON, FL 33326
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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