


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A97000002835 1. Entity Name OPEN MAGNETIC IMAGING OF CORAL SPRINGS, LTD.	
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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

FILED
 08 MAY 16 PM 1:07
 CLERK OF STATE
 TALLAHASSEE, FLORIDA



04292008 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	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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, 2008, Fee will be \$900.00	
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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	
DOCUMENT #	P97000100119
NAME	UNIVERSITY MRI MANAGEMENT, INC.
STREET ADDRESS	2200 N. COMMERCE PKWY, #100
CITY-ST-ZIP	WESTON, FL 33326
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE
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 06/04/08--01034--001 **6038.75

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:  **4/29/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE