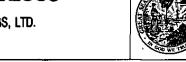
2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A97000002835 **DOCUMENT #**

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



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Principal Place of Business 1670 N. UNIVERSITY DRIVE. #A CORAL SPRINGS FL 33071

2. Principal Place of Business

Mailing Address 801 S. UNIVERSITY DRIVE. #K103A PLANTATION FL 33324

3. Mailing Address



03 APR 28 AM 10: 24

SECRETARY OF GENERAL



2200 N. Commerce Parkway		DUE BY MAY 1, 2003	
City & State Suite 100 & State		4. FEI Number 65-0806168 Applied For Not Applicable	
Weston, FL 3332	6 Country		8.75 Additional ee Required
6. Name and Address of Current Registered Agent	<u> </u>	7. Name and Address of New Registered A	gent
DELGADO, MARIO R ESQ. 2000 PONCE DE LEON BLVD., #102	Name Street Addr	Name Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			<u> </u>
	City	FL	Zip Code
 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	
	t of Capital Contributions RIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 / P97000100119 NAME UNIVERSITY MRI MANAGEMENT, INC.	STREET ADDRESS		
STREET ADDRESS 801 S. UNIVERSITY DRIVE SUITE K103A PLANTATION FL 33324	CITY-ST-ZIP		
DOCUMENT NAME	STREET ADDRESS	600017119636 04/28/0301013011 **526.25	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		
DOCUMENT # NAME	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		
DOCUMENT # NAME	. STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<u> </u>	
DOCUMENT # NAME	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		
DOCUMENT # NAME	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filling does not indicated on this report is true and accurate and that recording to the control of the contro	qualify for the exemption stated	in Section 119.07(3)(i), Florida Statutes, I further certifus if made under oath; that I am a General Partner of the	fy that the information

the receiver or trustee empowered to execute this report a fequired by Chapter 620, Florida Statutes

SIGNATURE:

CR2E003 (10/02)