

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011391 AT

DOCUMENT # A97000002835

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



FILED

03 APR 28 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business
90 **The OMI Group, Inc.** *90*
Suite, Apt. #, etc. **2200 N. Commerce Parkway**
City & State **Weston, FL** & State **33326**

3. Mailing Address
Suite, Apt. #, etc. **2200 N. Commerce Parkway**
City & State **Weston, FL** & State **33326**

Zip **Weston, FL 33326** Country

DUE BY MAY 1, 2003

4. FEI Number **65-0806168** Applied For Not Applicable

5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **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.

**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	
DOCUMENT #	P97000100119
NAME	UNIVERSITY MRI MANAGEMENT, INC.
STREET ADDRESS	801 S. UNIVERSITY DRIVE SUITE K103A
CITY-ST-ZIP	PLANTATION FL 33324
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600017119636
CITY-ST-ZIP	04/28/03--01013--011 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE REQUIRED *4-23-03* *954-888-6411*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)