# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002837

1. Entity Name

OPEN MAGNETIC IMAGING OF PEMBROKE PINES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05

| Principal Place of Business | Mailing Address |
|---|---|
| C/O OPEN MAGNETIC IMAGING OF PLANTATION<br>801 SOUTH UNIVERSITY DRIVE. SUITE C-136A<br>PLANTATION FL 33324 | C/O OPEN MAGNETIC IMAGING OF PLANTATION<br>801 SOUTH UNIVERSITY DRIVE. SUITE C-136A<br>PLANTATION FL 33324-3336 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 801 South University Dr. | 801 South University Drive |
| Suite, Apt. #, etc.: Suite K103A | Suite, Apt. #, etc.: Suite K103A |
| City & State: Plantation, FL | City & State: Plantation, FL |
| Zip: 33324 Country: US | Zip: 33324 Country: US |

4. FEI Number 65-0779361 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DELGADO, MARIO R ESQ.<br>2151 LEJUENE ROAD, SUITE 202<br>CORAL GABLES FL 33134 | Name: Mario R. Delgado, P.A.<br>Street Address (P.O. Box Number is Not Acceptable): 2151 S. LeJeune Road, Suite 202<br>City: Coral Gables FL Zip Code: 33134 |

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.

SIGNATURE _____ 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital C in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| 505,000 | | |

**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 # | P98000011115 | STREET ADDRESS | 801 S. University Dr., Suite K103A |
| NAME | TESLA, INC. | CITY-ST-ZIP | Plantation, FL 33324 |
| STREET ADDRESS | 801 SOUTH UNIVERSITY DRIVE, SUITE C-136A | | |
| CITY-ST-ZIP | PLANTATION FL 33324 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | 900003269289--0 |
| STREET ADDRESS | | | -05/26/00--01111--008 |
| CITY-ST-ZIP | | | ****526.25 ****526.25 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | 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 4-27-00 (305) 774-9210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #