

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000002837

1. Entity Name
OPEN MAGNETIC IMAGING OF PEMBROKE PINES, LTD.



FILED

04 MAY 21 PM 1:36

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

Principal Place of Business
 C/O OMI GROUP, INC.
 2200 N. COMMERCE PKWY
 WESTON, FL 33326

Mailing Address
 C/O OMI GROUP, INC.
 2200 N. COMMERCE PKWY
 WESTON, FL 33326

2. Principal Place of Business
2200 N COMMERCE PKWY
 Suite, Apt. #, etc.
#100

3. Mailing Address
2200 N COMMERCE PKWY
 Suite, Apt. #, etc.
#100

City & State
WESTON, FL

City & State
WESTON, FL

Zip
33326

Country
US

Zip
33326

Country
US

02172004

Chg-LP

CR2E003 (10/03)

521

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

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

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

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

DATE

9. Capital Contributions
 as Shown on record. **\$505,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # **P98000011115**
 NAME **TESLA, INC.**
 STREET ADDRESS **801 SOUTH UNIVERSITY DRIVE, STE. K103A**
 CITY-ST-ZIP **PLANTATION, FL 33324**

13. ADDRESS CHANGES ONLY
 STREET ADDRESS **2200 N COMMERCE PKWY, #100**
 CITY-ST-ZIP **WESTON, FL 33326**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

700034065797
04/27/04--01034--001 **\$950.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

700034065797
06/11/04--01021--005 **\$355.00

DOCUMENT #
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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE