PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

LIMITED PARTNERSHIP REINSTATEMENT

UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 18 PM 1:07

DOCUMENT # A98000000018

1. Name of Limited Partnership CENTRAL MAGNETIC IMAGING OPEN MRI OF PLANTATION, LTD.

2. Principal Office Address		**3.** Mailing Office Address	
150 NW 70th AVENUE		7480 PORTO VECCHIO PLACE	
Suite, Apt. #, etc. #1		Suite, Apt. #, etc.	
City & State PLANTATION, FL.		City & State DELRAY BEACH, FL. 33446	
Zip 33317	Country BROWARD	Zip 33446	Country PALM BEACH

4. Date Formed or Registered To Do Business in Florida 1/2/98

5. FEI Number 65-0808141 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: $450,000.00

7b. Amount of Capital Contributions in FLORIDA to date: $450,000.00

8. Name and Address of Current Registered Agent

Name: CLAYTON R. VARNER II

Street Address (P.O. Box Number is Not Acceptable): 7480 PORTO VECCHIO PLACE

Suite, Apt. #, Etc.:

City: DELRAY BEACH | State: FL | Zip Code: 33446

FEES:

1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.

2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	**10a.** Registration Document Number
VARNER MEDICAL VENTURES, INC.	7480 PORTO VECCHIO PLACE	DELRAY BEACH FL. 33446	P97000010757
MEDICAL VENTURES (BROWARD), INC.	"	"	P97000010758

00FF $26.25
01FF $26.25

but 4/18/01

400004044574--0
-04/23/01--01132--003
***1052.50 ***1052.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE ✍ Clayton R. Varner II DATE ✍ 3/15/01

Typed or Printed Name of General Partner Signing Form ✍ CLAYTON R. VARNER II for Telephone Number ✍ (561) 638-7540

Corps. listed above.

CR2E039 (9/00)

TO: Florida Department of State

FROM:

Vitale & Miller, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
800 SOUTH FEDERAL HIGHWAY
~~2131 Hollywood Blvd. Suite 102~~
Hollywood, FL 33020
(954) 925-1300 Fax (954) 921-9576

MESSAGE

SUBJECT Central Magnetic Imaging Open MRI of Plantation LTD DATE 3/15/01

Please find attached reinstatement form for the above partnership. Some how the annual registration did not get to us due to a change in our mailing address. Please reinstate the partnership and note our new mailing address. Any questions please call.

SIGNED Winnie Heyns
Accountant