2002	UNIFORM BUS	INESS REPOF	RT (UBF	R)				,
DOCUMENT # A9800000018 .						:-		
1. Entity Name CENTRAL MAGNETIC IMAGING OPEN MRI OF PLANTATION,					FI	LED		1.5
LTD.					02 APR	24 PM 2:	50	LF
Principal Place of Business 150 NW 70TH AVE #1 PLANTATION FL 33317		Mailing Address 7480 PORTO VECCHIO PLACE DELRAY BEACH FL 33446		·	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address 1888			al Palm	Dr.				
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY N	MAY 1, 200	2
City & State		Boca Raton FL			4. FEI Number	65-0808141		Applied For Not Applicable
Zip	Country	33432	Country	-		f Status Desired	F(8.75 Additional
	6. Name and Address of Current	Registered Agent	Name		7. Name and A	Address of New R	egistered Ag	jent
VADNED	[Clayton R. Varner II						
Varner, 7480 por		Street Address (P.O. Box Number is Not Acceptable)						
DELRAY E		<u> </u>						
DEDINIE	City	City Baca Raton FL Zincode 33432						
8. The above	named entity submits this statement for	or the purpose of changing its re	gistered office or	register	ed agent, or both	, in the State of Flo	orida.	
SIGNATURE _	Clarton	R. Vane	<u> </u>				2/0/	102
9. Capital Cor	ntributions \$450,000.00	10. Amount of Capital				11. MAKE CHEC	CK PAYABLE	TO DEPT. OF STATE FEE INFORMATION
as Shown o	on record.	in FLORIDA to date	ITY MUST BE	REGIST	TERED AND A	CTIVE WITH TH	IIS OFFICE	
10	GENERAL PARTNE		13.	- Indirio	11 magi bo me	ADDRESS CH	ANGES ONLY	7
12.	P97000106757		STREET ADDRESS	16	S C C S	sabal	7	
NAME	VARNER MEDICAL VENTURES,	INC.	STREET AUDRESS	/ 8	188 =	<u> xoai</u>	Hair	$n \square r$.
STREET ADDRESS CITY-ST-ZIP	7480 PORTO VECCHIO PLACE DELRAY BEACH FL 33446		CITY-ST-ZIP	Bo	ica R	aton	FL	33432
DOCUMENT # NAME	P97000106758 MEDICAL VENTURES (BROWAF	RD), INC.	STREET ADDRESS		888	Sabal	R	Im Dr.
STREET ADDRESS CITY-ST-ZIP	7480 PORTO VECCHIO PLACE DELRAY BEACH FL 33446		CITY-ST-ZIP	\mathcal{B}_{c}	ca Ra	ton -	FL-	33432
DOCUMENT /			STREET ADDRESS					
NAME STREET ADDRESS			CITY-ST-ZIP	<u> </u>	20	00005	395 <u>4</u>	1929
DOCUMENT #			STREET ADDRESS			****5;		078014 ****526.25
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STREET ADDRESS			CITY-ST-ZIP					
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DOCUMENT #			STREET ADDRESS					
NAME				-				_
STREET ADDRESS			CITY-ST-ZIP	1				

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 PARTNE

2/14/02 561-391.2975
Date Daytime Phone #