

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000000018

FILED
Feb 17, 2009
Secretary of State

Entity Name: CENTRAL MAGNETIC IMAGING OPEN MRI OF PLANTATION, LTD.

Current Principal Place of Business:

150 NW 70TH AVE., #1
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

150 NW 70TH AVE., #1
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0808141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARNER, CLAYTON R II
150 NW 70TH AVE.
SUITE 1
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: P97000106757
Name: VARNER MEDICAL VENTURES, INC.
Address: 150 NW 70TH AVE. SUITE 1
City-St-Zip: PLANTATION, FL 33317
Document #: P97000106758
Name: MEDICAL VENTURES (BROWARD), INC.
Address: 150 NW 70TH AVE. SUITE1
City-St-Zip: PLANTATION, FL 33317

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAYTON VARNER II

PTR

02/17/2009

Electronic Signature of Signing General Partner

Date