2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000388801 AV

DOCUMENT # A98000000018

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

FILED
03 APR 28 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
150 NW 70TH AVE., #1 PLANTATION FL 33317	1888 SABAL PALM DR. BOCA RATON FL 33432

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2003

4. FEI Number 65-0808141 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

VARNER, CLAYTON R II
1888 SABAL PALM DR.
BOCA RATON FL 33432

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 Clayton R. Varner II — DATE 4/21/03
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $450,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P97000106757	STREET ADDRESS	
NAME	VARNER MEDICAL VENTURES, INC.		
STREET ADDRESS	1888 SABAL PALM DR.		
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	
DOCUMENT #	P97000106758	STREET ADDRESS	700017119397 04/28/03--01013--005 **526.25
NAME	MEDICAL VENTURES (BROWARD), INC.		
STREET ADDRESS	1888 SABAL PALM DR.		
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (10/02)

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: Clayton R. Varner II REQUIRED — Date 4/21/03 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER