

A98000002873

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Coral Gables, FL 33134

City/State/Zip

Phone #

508882694125-7

-11/23/98--01122--003

*****52.50 *****52.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

600002719766--8

-12/22/98--01094--002

*****35.00 *****35.00

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

98 DEC 22 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NEW FILINGS		AMENDMENTS	
<input type="checkbox"/>	Profit	<input type="checkbox"/>	Amendment
<input type="checkbox"/>	NonProfit	<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Limited Liability	<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Domestication	<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Name Availability	<input type="checkbox"/>	Merger

OTHER FILINGS		REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Annual Report	<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Fictitious Name	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Name Reservation	<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Acknowledgement	<input type="checkbox"/>	Trademark
<input type="checkbox"/>	W. P. Verifier	<input type="checkbox"/>	Other

C. TAX _____
FILING 35.00
R. AGENT FEE _____
C. AGENT _____
T. AGENT _____
N. L. AGENT _____
BALANCE DUE _____
REFUND _____

\$500.00

A98000002873



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 3, 1998

MARIO R. DELGADO, ESQ.
2151 LEJUENE ROAD, SUITE 202
CORAL GABLES, FL 33134

SUBJECT: OPEN MAGNETIC IMAGING OF WEST BOCA, LTD.
Ref. Number: W98000027005

We have received your document for OPEN MAGNETIC IMAGING OF WEST BOCA, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document.

The registered agent must sign accepting the designation.

You failed to include the filing fee for the designation of the registered agent. We will need an additional \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 798A00057202

CERTIFICATE OF LIMITED PARTNERSHIP

FOR

OPEN MAGNETIC IMAGING OF WEST BOCA, LTD.

Pursuant to § 620.108 of the Florida Statutes, Open Magnetic Imaging of West Boca Ltd., hereby files its certificate of limited partnership and states as follows:

1. The name of the limited partnership shall be:

Open Magnetic Imaging of West Boca, Ltd.

2. The address of the office of and the name and address of agent for service of process required to be maintained by § 620.105 of the Florida Statutes is:

Mario R. Delgado, Esq.
Mario R. Delgado, P.A.
2151 LeJuene Road, Suite 202
Coral Gables, FL 33134

3. The name and business address of the sole general partner of Open Magnetic Imaging of West Boca, Ltd., is:

Boca MRI Management, Inc.
c/o Open Magnetic Imaging of Plantation, Ltd.
801 South University Drive, Suite C-136A
Plantation, Florida 33324
Attention: Nelson Acosta

4. The initial post office address and initial principal place of business address for Open Magnetic Imaging of West Boca, Ltd., is:

Open Magnetic Imaging of West Boca, Ltd
c/o Open Magnetic Imaging of Plantation, Ltd.
801 South University Drive, Suite C-136A
Plantation, Florida 33324
Attention: Nelson Acosta

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FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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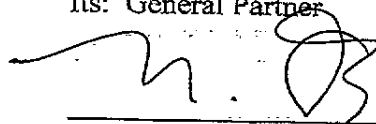
5. The latest date upon which Open Magnetic Imaging of Plantation, Ltd. is to dissolve is January 31, 2049.

IN WITNESS WHEREOF, the undersigned general partner of Open Magnetic Imaging of West Boca, Ltd. has executed the certificate of limited partnership this 25th day of October, 1998.

OPEN MAGNETIC IMAGING OF
WEST BOCA, LTD.

By: Boca MRI Management, Inc.

Its: General Partner



Nelson Acosta, its President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

**AFFIDAVIT OF CAPITAL CONTRIBUTION OF
OPEN MAGNETIC IMAGING OF WEST BOCA, LTD.**

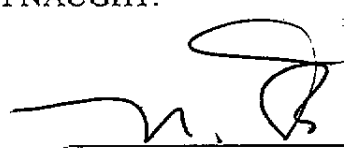
Nelson Acosta, being duly sworn by me, the undersigned authority, notary public within and for the county and state stated below, deposes and says that:

1. I am the president of Boca MRI Management, Inc., the sole general partner of Open Magnetic Imaging of West Boca, Ltd.

2. The amount of capital contributions of the limited partners of Open Magnetic Imaging of West Boca, Ltd. is \$500.00.

3. The amount of capital contributions anticipated to be contributed by the limited partners of Open Magnetic Imaging of West Boca, Ltd. is \$500.00 (inclusive of amounts contributed).

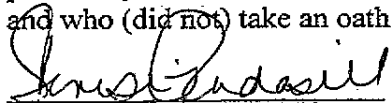
FURTHER AFFIANT SAYETH NAUGHT.


Nelson Acosta

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this ____ day of November, 1998 by Nelson Acosta, as President of Boca MRI Management, Ltd., who is personally known to me or who has produced a Florida Driver's License as identification and who (did not) take an oath.



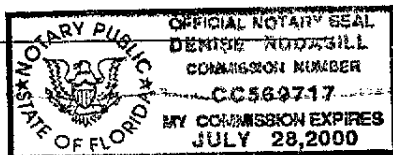
(signature of person taking acknowledgement)

Denise Rudasill

(name of officer taking acknowledgement, typed, printed or stamped)

Notary Public

(title or rank)



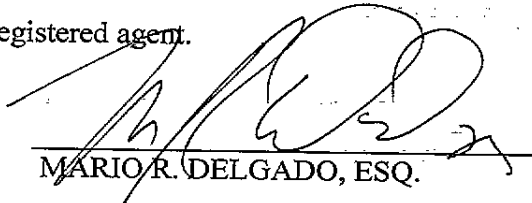
(serial number, if any)

**REGISTERED AGENT'S ACCEPTANCE OF DESIGNATION AS
REGISTERED AGENT OF OPEN MAGNETIC IMAGING OF WEST BOCA, LTD.**

Pursuant to § 620.105 of the Florida Statutes, and having been named as registered agent and to accept service of process for the captioned limited partnership at:

Mario R. Delgado, Esq.
Mario R. Delgado, P.A.
2151 LeJuene Road, Suite 202
Coral Gables, FL 33134

the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provision of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of the position of registered agent.


MARIO R. DELGADO, ESQ.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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