FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED 1/27

99 JAN 19 PM 1:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership
Open Magnetic Imaging of West Boca, Ltd.

1a. DOCUMENT # A98000087714

	Mailing Address	Principal Office Address
	801 S. University Dr. Suite C-120A Plantation, FL 33324	801 S. University Dr. Suite C-120A Plantation, FL 33324
2. / **2a.**	Mailing Address / Principal Office Address	
	801 S. University Dr.	801 S. University Dr.
	Suite, Apt. #, etc. Suite C-120A	Suite, Apt. #, etc. Suite C-120A
	City & State Plantation, FL	City & State Plantation, FL
	Zip 33324 Country USA	Zip 33324 Country USA

3. Date Business Begun 12/22/97

3a. Date of Last Report

4. State or Country of Organization Florida

5a. Capital Contributions as Shown on Record $500.00

5b. Amount of Capital Contributions in FLORIDA (if any) None

6. FEI Number APPLIED FOR ☒ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☒ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (or enclose self-addressed envelope)

9. Name and Address of Current Registered Agent

Mario R. Delgado, PA
Mario R. Delgado PA Suite 203
3191 Coral Way Ave. Suite 203
Coral Gables, FL 33134

10. For Changing the Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. # etc.

City FL Zip Code

10a. Pursuant to the provisions of Sections 620.1061 and 620.1907, 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 the general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, section 620.1907, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE 1-12-99

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

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/Document Number
Boca MRI's Management Inc.	801 S. University Dr. Suite C-120A	Plantation, FL 33324	P98000087714

FLORIDA PROFIT/AR
-02/09/99--01120--001
****150.00 ****150.00

CR2E003 (8/98)

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

12. 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 realize the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 [signature] DATE JAN 12th, 1999

Typed or Printed Name of General Partner Signing Form NELSON ACOSTA, Pres., Boca MRI MANAGMT, INC Daytime Telephone Number 954.424.8664