2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002873

1. Entity Name

OPEN MAGNETIC IMAGING OF WEST BOCA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05

Principal Place of Business	Mailing Address
801 S. UNIVERSITY DR. SUITE C-136A PLANTATION FL 33324	801 S. UNIVERSITY DR. SUITE C-136A PLANTATION FL 33324-3336

DO NOT WRITE IN THIS SPACE
65-0887217

2. Principal Place of Business	3. Mailing Address
801 S. University Dr.	801 S. University Dr.
Suite, Apt. #, etc.: Suite K103A	Suite, Apt. #, etc.: Suite K103A
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33324 Country: US	Zip: 33324 Country: US

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELGADO, MARIO R ESQ 2151 LEJUENE ROAD, SUITE 202 CORAL GABLES FL 33134	Name: Mario R. Delgado, P.A. Street Address (P.O. Box Number is Not Acceptable): 2151 S. LeJeune Road Suite 202 City: Coral Gables FL Zip Code: 33134

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.

SIGNATURE _____ 4-27-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
525,000		

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 #	P98000087714	STREET ADDRESS	801 S. University Dr., Suite K103A
NAME	BOCA MRI MANAGEMENT, INC.	CITY-ST-ZIP	Plantation, FL 33324
STREET ADDRESS	801 SOUTH UNIVERSITY DRIVE, SUITE C-136A		
CITY-ST-ZIP	PLANTATION FL 33324		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600003268556--6
NAME		CITY-ST-ZIP	-05/26/00--01073--001 ****526.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

C25E003 (6/00)

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 REQUIRED 4-27-00 (305) 774-9210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #