

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002873**

1. Entity Name  
**OPEN MAGNETIC IMAGING  
OF WEST BOCA, LTD.**

FILED

02 MAY 28 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**801 S. UNIVERSITY DRIVE SUITE C-136 A  
PLANTATION FL 33324**

Mailing Address  
**801 S. UNIVERSITY DRIVE SUITE C-136 A  
PLANTATION FL 33324**

2. Principal Place of Business  
**20401 State Rd 7**

3. Mailing Address  
**801 S. University Dr.**

Suite, Apt. #, etc.  
**Suite G7-8**

Suite, Apt. #, etc.  
**Suite K-103A**

City & State  
**Boca Raton FL**

City & State  
**Plantation FL**

Zip  
**33498**

Country

Zip  
**33324**

Country

4. FEI Number  
**65-0887217**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DELGADO, MARIO R ESQ.  
2151 S. LEJEUNE ROAD, SUITE 202  
CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name  
**Mario R. Delgado, P.A.**

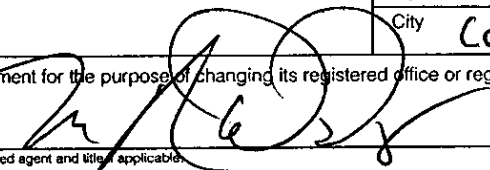
Street Address (P.O. Box Number is Not Acceptable)  
**2000 Ponce De Leon Blvd.  
#102**

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  Signature, typed or printed name of registered agent and title, applicable.

DATE  
**4/30/02**

9. Capital Contributions as Shown on record. **\$525,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # **P98000087714**

NAME **BOCA MRI MANAGEMENT, INC.**

STREET ADDRESS **801 S. UNIVERSITY DRIVE SUITE K103A**

CITY-ST-ZIP **PLANTATION FL 33324**

DOCUMENT #

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NAME

STREET ADDRESS

CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP **700005638207--3  
-05/29/02--01055--021  
\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/30/02**

**954-343-4100**

Date Daytime Phone #

CR2E003 (9/01)