


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 21 PM 1:36

CLAY COUNTY STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A98000002873		
1. Entity Name OPEN MAGNETIC IMAGING OF WEST BOCA, LTD.		

Principal Place of Business C/O OMI GROUP, INC. 2200 N COMMERCE PKWY WESTON, FL 33326	Mailing Address C/O OMI GROUP, INC. 2200 N COMMERCE PKWY WESTON, FL 33326
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2. Principal Place of Business 2200 N COMMERCE PKWY Suite, Apt. #, etc. #100 City & State WESTON, FL Zip 33326 Country US	3. Mailing Address 2200 N COMMERCE PKWY Suite, Apt. #, etc. #100 City & State WESTON, FL Zip 33326 Country US
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02172004 Chg-LP CR2E003 (10/03) 5/21

4. FEI Number 65-0887217	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELGADO, MARIO R PA 2000 PONCE DE LEON BLVD., #102 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$525,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000087714 BOCA MRI MANAGEMENT, INC. 801 S. UNIVERSITY DR. SUITE K103A PLANTATION, FL 33324	STREET ADDRESS CITY-ST-ZIP	2200 N. COMMERCE PKWY, #100 WESTON, FL 33326
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200034065742 04/27/04--01034--001 **6950.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200034065742 06/11/04--01021--005 **355.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date _____	Daytime Phone # _____
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SCALE CHECK HERE