

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000002873

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



Principal Place of Business
 2200 N COMMERCE PKWY
 #100
 WESTON, FL 33326

Mailing Address
 2200 N COMMERCE PKWY
 #100
 WESTON, FL 33326

FILED

08 MAY 16 PM 1:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04292008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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 PA
 2000 PONCE DE LEON BLVD., #102
 CORAL GABLES, FL 33134

**DO NOT WRITE
 IN THIS SPACE**

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 _____

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 2200 N COMMERCE PKWY, #100
 CITY-ST-ZIP WESTON, FL 33326

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900130737979
 06/04/08--01034--001 **6038.75

**DO NOT WRITE
 IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/29/08