

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011406 AT

DOCUMENT # A98000002873

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



FILED

03 APR 28 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
20401 STATE ROAD 7  
#G 7-8  
BOCA RATON FL 33498

Mailing Address  
801 S. UNIVERSITY DR., SUITE K-103A  
PLANTATION FL 33324

2. Principal Place of Business  
% OMI GROUP, INC.  
Suite, Apt. #, etc. #100  
2200 N COMMERCE PKWY  
City & State WESTON, FL  
Zip 33326 Country LIS

3. Mailing Address  
% OMI GROUP, INC.  
Suite, Apt. #, etc. #100  
2200 N COMMERCE PKWY  
City & State WESTON, FL  
Zip 33326 Country LIS

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000087714  
NAME BOCA MRI MANAGEMENT, INC.  
STREET ADDRESS 801 S. UNIVERSITY DR. SUITE K103A  
CITY-ST-ZIP PLANTATION FL 33324

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

4-23-03 954-888-16411

Date

Daytime Phone #

CR2E003 (10/02)