FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT 97 JUL 22 AM 10: 31 Secretary of State 1997 **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address OPEN MRI OF CORAL GABLES, LC 800 DOUGLAS ROAD 800 DOUGLAS ROAD SUITE 150 SUITE 150 CORAL GABLES FL 33134 CORAL GABLES FL 33134 if above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a, State of Formation 0/12/1993 Sulte, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0442969 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required **0**7/31/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent UNITED CORPORATE SERVICES INC 801 NE 167TH STREET Street Address (P.O. Box Number is Not Acceptable) SULTE 300 NO MIAMI DEACH FL 33162 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. **SIGNATURE** (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM NYDIC HOLDINGS, LLC **221 GRAND AVE SUITE 200** MONTVALE NJ NYDIC OWNERSHIP CORP, 221 GRAND AVE SUITE 200 MONTVALE NJ 600002250396----07/29/97--01056--001 ****588.75 ****588.75

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE:

ARON PICK, PRESIDENT 7/14/97

NYDIC HOLDINGS, LLC

APPROVED

Daytime Phone #