


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 27 AM 9:06 TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L93000000353				1a. Principal Place of Business Address	
OPEN MRI OF CORAL GABLES, LC 800 DOUGLAS ROAD SUITE 150 CORAL GABLES FL 33134						800 DOUGLAS ROAD SUITE 150 CORAL GABLES FL 33134	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/12/1993		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		65-0442969		5. Date of Last Report	
				07/22/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office			
UNITED CORPORATE SERVICES INC 801 NE 167TH STREET SUITE 300 NO MIAMI BEACH FL 33162				Name Street Address (P.O. Box Number is Not Acceptable) 300002515563--8 Suite, Apt. #, etc. -05/07/98--01082--017 ****188.75 ****188.75 City FL 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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reconstituting)</small>							
10. Title	Managing Members/Managers		Business Street Address		City, State and Zip Code		
MGRM	NYDIC HOLDINGS, LLC		221 GRAND AVE SUITE 200		MONTVALE NJ		
M	NYDIC OWNERSHIP CORP,		221 GRAND AVE SUITE 200		MONTVALE NJ		

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 oath; 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 attachment with an address.

SIGNATURE:

President
ARON PICK 4/15/98 201573-8080