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\*BOARD CERTIFIED CIVIL TRIAL AND  
BUSINESS LITIGATION LAWYER

August 10, 1998

Florida Secretary of State  
DIVISION OF CORPORATIONS  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Open MRI Center of Pembroke Pines, L.C.

700002613727--6  
-08/12/98-01034-002  
\*\*\*\*250.00 \*\*\*\*250.00

To Whom It May Concern:

Enclosed is an original Supplemental Affidavit of Capital Contributions for the above captioned limited liability company, together with a check in the amount of \$250.00 to cover the cost of filing the Affidavit.

If you have any questions please so advise.

Very truly yours,

POWELL, CARNEY, HAYES & SILVERSTEIN, P.A.

James N. Powell

JNP/lj

Enclosures: a/s

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Name	
Availability	
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Underwriter	
Verifier	
Acknowledgement	
W. P. Verifier	

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**SUPPLEMENTAL AFFIDAVIT  
OF CAPITAL CONTRIBUTIONS**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 AUG 12 PM 3:48

STATE OF FLORIDA )  
COUNTY OF Broward )

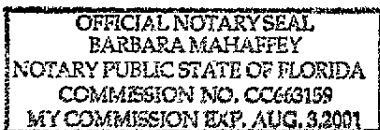
*BEFORE ME*, the undersigned authority personally appeared **STEPHEN E. COX** ("Affiant") who under oath stated as follows:

1. That Affiant is the Managing Member of OPEN MRI CENTER OF PEMBROKE PINES, L.C., a Florida limited liability company.
2. That the actual contributions of the members of the limited liability company has exceeded the anticipated capital contributions of THREE HUNDRED THOUSAND AND NO/100 DOLLARS (\$300,000.00), as was filed in the Affidavit filed with the Florida Secretary of State on August 7, 1997, pursuant to the terms of Section 608.407(2), *Florida Statutes*.
3. That the actual capital contributions of the members of the limited liability company now total FOUR HUNDRED THOUSAND AND NO/100 DOLLARS (\$400,000.00).
4. That this Affidavit is being prepared and filed pursuant to the terms of Section 608.412, *Florida Statutes*.
5. Further Affiant sayeth naught.

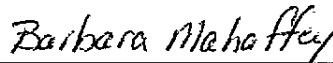
  
Stephen E. Cox

6<sup>th</sup> The foregoing instrument was sworn to and acknowledged before me this day of August, 1998, by **STEPHEN E. COX**, who ☒ is personally known to me or ☐ has produced ☐ a Florida driver's license or ☐ \_\_\_\_\_ as identification.

My Commission Expires:



  
Notary Public (SEAL)



(Legibly print name of notary public on this line)