


2nd File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED <i>WY/5</i> 99 AUG -3 PM 2:53 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$488.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001744 NYDIC OPEN MRI OF AMERICA - PENSACOLA, L. 801 NORTHEAST 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162		1a. Principal Place of Business Address 801 NORTHEAST 167TH STREET, NORTH MIAMI BEACH FL 33162			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 221 GRAND AVENUE Suite, Apt. #, etc. SUITE 200 City & State MONTVALE, NJ Zip Country 07645		3. Date Organized or Qualified 09/08/1998 3a. State of Formation FL 4. FEI Number 59-3540623 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET, SUITE 30 NORTH MIAMI BEACH FL 33162		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____ (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 MEDICAL VENTURES	221 GRAND AVENUE, SUITE 20		MONTVALE NJ	
MGRM	NYDIC OWNERSHIP CORP,	221 GRAND AVENUE, SUITE 20		MONTVALE NJ	
				400002956174--9 -08/10/99--01056--008 ****188.75 ****188.75	
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 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: <i>[Signature]</i> NYDIC MEDICAL VENTURES XV, LLC		VP-CFO FOR		7/23/99 201-573-8080	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Filing Price: \$	

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221 Grand Avenue, Suite 200
Montvale, New Jersey 07645
Phone: 201-573-8080
Fax: 201-573-9111

FILED
99 AUG -3 PM 2:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

July 23, 1999

Florida Department of State
Secretary of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Nydic Open MRI of America - Pensacola, LC
FEI # 59-3540623
DOC # L98000001744

Gentlemen:

Attached is our Limited Liability Company Annual Report for 1999. We are enclosing a check for \$188.75 for the annual report and the supplemental fee. However, we kindly ask that you abate the late fee of \$400. We are filing this report late only because we never received the original report that you previously mailed. Apparently it went to the "Principal Place of Business Address" which is erroneously listed as the mailing address. Please note the change in mailing address in box 2a. Thank you.

Sincerely,

Keith M. Guillemain, CPA
Tax Manager