

60000026

Office Use Only

| CORPORATION NAME(S) | & DOCUMENT NUMBER(S). | (if known): |
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| (Document #) (Document #) | RECEIVED OI JAN-9 AM II: 35 DEPA FACILITY STATE DEPA FACILITY STATE DIVISION OF COSP PRATIONS TALL MIASSEE. FLORIDA |
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| (Document #) | |
| HIN | Certified Copy |
| Photocopy | Certificate of Status |
| Change of Registed Dissolution/Without Merger REGISTRATION/OF Foreign Limited Partnersh Reinstatement | SECRETARY OF TALLAHORSEE, F |
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Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

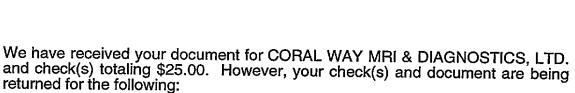
January 9, 2001

SPIEGEL & UTRERA

TALLAHASSEE, FL

SUBJECT: CORAL WAY MRI & DIAGNOSTICS, LTD.

Ref. Number: A01000000026



You have used the wrong form. This form is used to qualify GENERAL PARTNERSHIPS for LLP status.

Please use the attached form for LIMITED PARTNERSHIPS wishing to qualify for LLLP status.

Please also notice that on this form you must list the complete correct name of the limited partnership in Item 1. The correct complete name of this partnership is CORAL WAY MRI & DIAGNOSTICS, LTD.

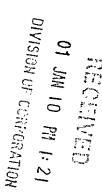
The "LLLP" suffix will then be added to the end of the name AFTER the qualification is filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 901A00001205





STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

| 1. The name of the limited partnership as identified in the records of the Florida Department of State: CORAL WAY MRI & DIAGNOSTICS, LTD. |
|---|
| Insert limited partnership's Florida document number: A0100000026 |
| or Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees. |
| 2. Suffix adopted for the above named partnership: LLLP. |
| 3. The street address of its chief executive office: 1757 Coral Way (if different from current recorded address): Miami, Florida 33145 |
| 4. The street address of principal office in Florida: same (if different from above) |
| 5. The limited partnership hereby elects to be a limited liability limited partnership. |
| 6. The effective date of this filing shall be: x as of the date this document is filed with the Florida Secretary of State or a date later than the time of filing: |
| 7. The name and Florida street address of the partnership's agent for service of process: Spiegel & Utrera, P.A. 343 Almeria Avenue |
| Coral Gables , Florida 33134 |
| The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true. |
| Signed this 10 day of January 2001 |
| Signature of TWO Partners: Alle Nous AR O. Press. Q. |
| Syped or printed names of partners signing above: Rachelle Welss |
| Jack A. Press, Jr. |

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

INHS66(1/00)