

# UNOFFICIAL COPY

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1999-01-19 12:46:04  
Cook County Recorder 23.00

Form LP 1108  
(Rev. Jan. 1995)

Filing Fee \$15

SUBMIT IN DUPLICATE!

File #

Assigned by  
Secretary of State

FILING DEADLINE IS  
PRIOR TO

\_\_\_\_\_  
month, day, year

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with prepaid postage is included.

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT  
(Illinois or foreign limited partnership)



LPR301/13/99:01:4889: SOSIL 5005512 FILED 1108 15.00 MU

Property of Cook County Clerk's Office

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

- 11-3
- Limited partnership's name: GOLF MRI CENTER, L.P.
  - Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are unacceptable):  
430 Mountain Ave, Suite MRI, Murray Hill, IL 61794
  - File number assigned by the Secretary of State: 5005512
  - Federal Employer Identification Number (F.E.I.N.): 36-3752190
  - Assumed name, if any: \_\_\_\_\_
  - Admitting name, if any (foreign only): \_\_\_\_\_
  - Registered agent:  
First name Dorthea Middle name L Last name Smith  
Registered Office: (P.O. Box alone and c/o are unacceptable)  
Number 4351 Street N. Cicero Suite# open MRI  
City Chicago County Cook State IL Zip Code 60641
  - State of jurisdiction: ILLINOIS, if foreign, that this limited partnership is validly existing as a limited partnership under the laws of \_\_\_\_\_ as of this date and that it still exists in Illinois.

**BOX 170**

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I affirm that any entity serving as a general partner for this limited partnership is in good standing in its home state.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.

Signature \_\_\_\_\_

Type or print name and title CHRISTOPHER J. JOYCE, Vice President

Name of General Partner if a corporation or other entity \_\_\_\_\_

IMAGING NETWORKS, INC.

(Signature must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

#### FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State." **DO NOT SEND CASH!**

#### RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

**BOX 170**