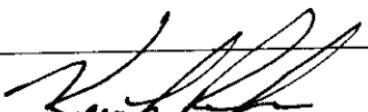


No. W 11500	Due no later than Mar 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX CORPORATION SERVICE COMPANY 1401 SHORELINE DR. STE 2
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable OPEN MRI OF IDAHO FALLS, L.L.C. UNIFIED HEALTH SYSTEMS, INC. 107 PAINTERSVILLE RD PO BOX 450 NEW STANTON, PA 15672	BOISE, ID 83706
NO FILING FEE IF RECEIVED BY DUE DATE	3. <u>New Registered Agent Signature</u>	

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	MID-ATLANTIC UNIFIED HEALTH SYSTEMS, INC.	P.O. Box 450	NEW STANTON	PA	15672

5. Organized Under the Laws of: DELAWARE W 11500	6. Signature  Name <small>(Typed or Printed)</small> KEVIN L. ROHM	Date 1/25/01 Title: TREASURER
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