



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A01000000026-		
1. Entity Name CORAL WAY MRI & DIAGNOSTICS, LLLP		

FILED
08 AUG -4 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1757 CORAL WAY MIAMI, FL 33145	Mailing Address 1757 CORAL WAY MIAMI, FL 33145
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 144132	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CORAL GABLES, FL	
Zip	Country	Zip 33114	Country USA

	
07282008 Chg-LP	CR2E003 (12/06)
4. FEI Number 65-1065145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CORPORATION COMPANY OF MIAMI (GLT) 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI, FL 33131	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

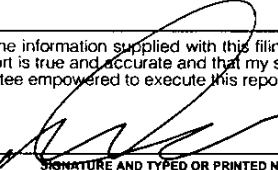
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000116923 CORAL WAY MRI & DIAGNOSTICS, INC. 1757 CORAL WAY MIAMI, FL 33145	STREET ADDRESS CITY-ST-ZIP	P.O. Box 144132 CORAL GABLES, FL 33114
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	
SIGNATURE:  STUART A. KINSLER	Date July 28, 2008 Daytime Phone # 305 445 3103