

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000156

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** NEURO SKELETAL IMAGING INSTITUTE OF WINTER PARK, LTD., L.L.L.P.

**Current Principal Place of Business:**

2111 GLENWOOD DR., SUITE 101  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 550  
WINTER PARK, FL 327900550

**New Mailing Address:**

**FEI Number:** 30-0147782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KANCILIA, JOHN R  
1795 W. NASA BLVD  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L71284  
Name: EXCELLENCE IN MRI, P.A.  
Address: 609 ATLANTIC ST.  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHAD BALLARD

MR.

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date