

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 2005 MAY -4 PM 3:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0400001175

1. Entity Name
NEURO SKELETAL IMAGING INSTITUTE OF ORLANDO, LTD., L.L.P.



Principal Place of Business 1315 SOUTH ORANGE AVENUE SUITES 1A-1D ORLANDO, FL 32806	Mailing Address 1315 SOUTH ORANGE AVENUE SUITES 1A-1D ORLANDO, FL 32806
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04282005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KANCILIA, JOHN R 1800 W. HIBISCUS BLVD., 138 MELBOURNE, FL 32901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

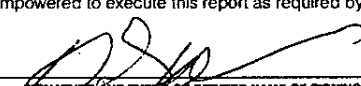
9. Capital Contributions as Shown on record. \$830.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the 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	L71284 EXCELLENCE IN MRI, P.A. 609 ATLANTIC STREET MELBOURNE BEACH, FL 32951	STREET ADDRESS CITY-ST-ZIP	700055584017 06/01/05--01080--001 **141.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **DAVID S WILLIAMS**
 TREASURER **4-28-05** **321 409 9990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #