


500 W

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 22 PM 2: 25

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A04000001175	
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	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01172006 Chg-LP CR2E003 (11/05)

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KANCILIA, JOHN R 1800 W. HIBISCUS BLVD., 138 MELBOURNE, FL 32901	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 _____	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	400075192064 05/24/06--01012--030 **650.00
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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: 	Date: 5-23-06	Daytime Phone #: 321-491-970
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