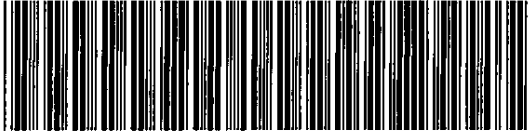


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2006 JUN -6 P 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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06/06/06--01004--035 **61.25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: NeuroSkeletal Imaging Institute of Orlando,
(Name of Florida Limited Partnership or Limited Liability Limited Partnership) -b P 2: 25

FILED

The enclosed Certificate of Amendment and fee(s) are submitted for filing

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ltd ULP.

Please return all correspondence concerning this matter to:

Dr. David Williams

(Contact Person)

Central Florida Imaging Specialists, Inc

(Firm/Company)

1344 S. Apollo Blvd S-406

(Address)

Melbourne, FL 32901

(City, State and Zip Code)

For further information concerning this matter, please call:

Laura Palumbo

(Name of Contact Person)

at (321) 409-9990

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee
and Certificate of
Status

\$105.00 Filing Fee
and Certified Copy

\$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

FILED

NeuroSkeletal Imaging Institute of Orlando,
(Insert name currently on file with Florida Department of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 1/31/2003, adopts the following certificate of amendment to its certificate of limited partnership.

Ltd LP.

FIRST: Amendment(s): (Indicate information being amended, added, or deleted)

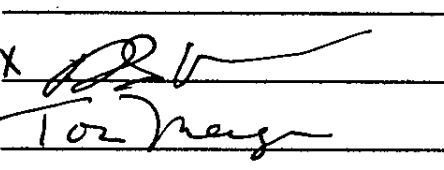
Deleting old Gen Partner (Excellence In MRI, PA) AND ADDING
Central Florida Imaging Specialists, Inc.
706-36906

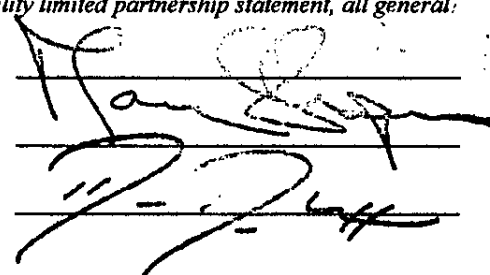
SECOND: Effective date, if other than the date of filing: upon receipt

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

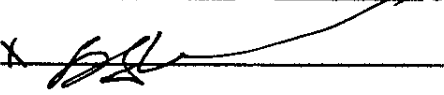
Signature(s) of a general partner(s)*:

*(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.)*

X 
Tom May



Signature(s) of new or dissociating general partner(s), if any:

X 

Tom May

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75