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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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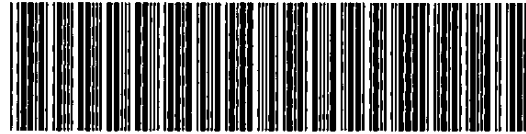
(Business Entity Name)

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September 19, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Neuro Skeletal Imaging Institute of Orlando, Ltd., L.L.L.P.
Document No. A04000001175
Our File No. 206-0713


Dear Sir or Madam:

Enclosed for filing please find an original Statement of Change of Registered Office and Registered Agent concerning the above-referenced limited liability limited partnership. Also enclosed is this firm's check in the amount of \$35.00. Please file the Statement and return verification of filing to my office.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

FRESE HANSEN



J. Patrick Anderson

JPA: pip
Enclosures

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TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. NEURO SKELETAL IMAGING INSTITUTE OF ORLANDO, LTD., L.L.L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. July 15, 2004
Date of filing/registration in Florida

3. A04000001175
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

John R. Kancilia
Name
1800 S. Hibiscus Blvd., #138
Address
Melbourne, FL 32901
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Central Florida Imaging Specialists, Inc.
Name
1344 S. Apollo Boulevard, Suite 406
Florida street address (P.O. Box not acceptable)
Melbourne, FL 32901
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
Central Florida Imaging Specialists, Inc.

By: [Signature]
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Central Florida Imaging Specialists, Inc.

By: [Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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