
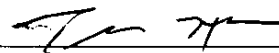


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED**

2007 APR 30 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A04000001175</b>				
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR</b>
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
CENTRAL FLORIDA IMAGING SPECIALISTS, INC. 1344 S. APOLLO BLVD., SUITE 406 MELBOURNE, FL 32901			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b>	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 _____	
Signature, typed or printed name of registered agent and title if applicable.				
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</b>				
<b>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.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P06000036906		STREET ADDRESS	
NAME	CENTRAL FLORIDA IMAGING SPECIALISTS, INC.		CITY-ST-ZIP	
STREET ADDRESS	1315 SOUTH ORANGE AVENUE			
CITY-ST-ZIP	ORLANDO, FL 32806			
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NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
 <span style="float: right;">4/26/07</span>				
SIGNATURE: _____			Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # _____	



04252007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**APPLIED FOR**

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

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

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CITY-ST-ZIP			

800101973438  
05/09/07--01046--017 \*\*\$500.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE