

2008 LIMITED PARTNERSHIP REINSTATEMENT

**FILED
Oct 15, 2008
Secretary of State**

DOCUMENT# A04000001175

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

Current Principal Place of Business:

1315 SOUTH ORANGE AVENUE
SUITES 1A-1D
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1315 SOUTH ORANGE AVENUE
SUITES 1A-1D
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 90-0184719 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

CENTRAL FLORIDA IMAGING SPECIALISTS, INC.
1344 S. APOLLO BLVD., SUITE 406
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

GENERAL PARTNER INFORMATION:

Document #: P06000036906
Name: CENTRAL FLORIDA IMAGING SPECIALISTS, INC.
Address: 1315 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32806

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS MAGEE,MD

VP

10/15/2008

Electronic Signature of Signing General Partner

Date