2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000001175

FILED Jul 28, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1315 SOUTH ORANGE AVENUE 1315 SOUTH ORANGE AVENUE

SUITES 1A-1D SUITES 1B

ORLANDO, FL 32806 ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

1315 SOUTH ORANGE AVENUE 1315 SOUTH ORANGE AVENUE

SUITES 1A-1D SUITES 1B

ORLANDO, FL 32806 ORLANDO, FL 32806

FEI Number: 90-0194719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

CENTRAL FLORIDA IMAGING SPECIALISTS, INC. CENTRAL FLORIDA IMAGING SPECIALISTS, INC.

1344 S. APOLLO BLVD., SUITE 406 2222 SOUTH HARBOUR CITY BLVD

MELBOURNE, FL 32901 US SUITE 520

MELBOURNE, FL 32901 US

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: 07/28/2009

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: P06000036906

Name: CENTRAL FLORIDA IMAGING SPECIALISTS, INC.

 Address:
 1315 SOUTH ORANGE AVENUE
 Address:

 City-St-Zip:
 ORLANDO, FL 32806
 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: LOUANN MELI 07/28/2009