

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000001175

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1315 SOUTH ORANGE AVENUE  
SUITES 1B  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1315 SOUTH ORANGE AVENUE  
SUITES 1B  
ORLANDO, FL 32806

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

CENTRAL FLORIDA IMAGING SPECIALISTS, INC.  
2222 SOUTH HARBOUR CITY BLVD  
SUITE 520  
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 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

DR.

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date