

2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000001175

FILED
Jan 13, 2011
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:

PO BOX 400
MELBOURNE, FL 32902

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

01/13/2011

Electronic Signature of Signing General Partner

Date