


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000002135 1. Entity Name FLORIDA FLUOROSCOPY SERVICES, LTD.	
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Principal Place of Business 1471 CADES BAY AVENUE JUPITER, FL 33458	Mailing Address 1471 CADES BAY AVENUE JUPITER, FL 33458
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-LP CR2E003 (12/06)

4. FEI Number 01-0857530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCROGGINS, H. STACY
1471 CADES BAY AVENUE
JUPITER, FL 33458

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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

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

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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L01000018919
NAME	TOTAL OUTPATIENT SOLUTIONS, LLC
STREET ADDRESS	1471 CADES BAY AVENUE
CITY - ST - ZIP	JUPITER, FL 33458
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/22/07-80049-023 500.00

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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:  H. Stacy Scroggins 1/15/06 561-630-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone *

STAPLE CHECK HERE