## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A05000002135

Address:

City-St-Zip:

1471 CADES BAY AVENUE

JUPITER, FL 33458

Entity Name: FLORIDA FLUOROSCOPY SERVICES, LTD.

FILED Jan 05, 2009 Secretary of State

| Current Principal Place of Business:          |                  |                                | New Principal Place of Business:          |                                       |
|---|------------------|--------------------------------|---|---------------------------------------|
| 1471 CADES<br>JUPITER, FL                     |                  | E                              |   |                                       |
| Current Mailing Address:                      |                  |                                | New Mailing Address                       | ::                                    |
| 1471 CADES<br>JUPITER, FL                     |                  | E                              |   |                                       |
| FEI Number: 01                                | -0857530         | FEI Number Applied For ( )     | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent: |                  |                                | Name and Address of New Registered Agent: |                                       |
| SCROGGINS<br>1471 CADES<br>JUPITER, FL        | <b>BAY AVENU</b> |                                |   |                                       |
| The above na in the State of                  |                  | bmits this statement for the p | urpose of changing its registered         | d office or registered agent, or both |
| SIGNATURE:                                    |                  |                                |   |                                       |
|   | Electronic       | Signature of Registered Age    | nt  | Date                                  |
| GENERAL PARTNER INFORMATION:                  |                  |                                | ADDRESS CHANGES ONL                       | Υ:                                    |
| Document #: Li                                |                  | ENT SOLUTIONS LLC              |   |                                       |

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: H. STACY SCROGGINS MGRM 01/05/2009