

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB -7 PM 3:42

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership CENTER FOR DIAGNOSTIC IMAGING, LTD.	1a. DOCUMENT # A32152
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Mailing Address 1380 N.E. MIAMI GARDENS DRIVE SUITE 115 NORTH MIAMI BEACH FL 33179	Principal Office Address 1380 N.E. MIAMI GARDENS DRIVE SUITE 115 NORTH MIAMI BEACH FL 33179
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 10/25/1991	5a. Capital Contributions as Shown on record. 165,450.00 S.H. filed 2-7-97
3a. Date of Last Report 05/03/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 165,450.00 331,700.00
6. FEI Number 65-0319888	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent FRAYND, GERMAN 1380 N.E. MIAMI GARDENS DRIVE SUITE 115 NORTH MIAMI BEACH FL 33179	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 800002085508--8 Suite, Apt. #, etc. -02/12/97--01036--025 City ****593.75 ****541.25 FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) TOTAL HEALTH CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1380 N.E. MIAMI GDNS	11b. City, State & Zip Code NORTH MIAMI BCH FL	11c. Registration/ Document Number S77281 new fee \$541.25 OK 2/11
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____

Typed or Printed Name of General Partner Signing Form **German Fraynd, MD** Daytime Telephone Number **(305)931-0504**

CR2E003 (6/96)