

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

98 DEC 30 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership  CENTER FOR DIAGNOSTIC IMAGING, LTD.	1a. DOCUMENT # <b>A32152</b>
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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	3. Date Formed or Registered 10/25/1991	5a. Capital Contributions as Shown on record. \$165,450.00
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country	3a. Date of Last Report 04/23/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$165,450.00
		4. State or Country of Formation FL	6. FEI Number 65-0319888
		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
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10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City 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.

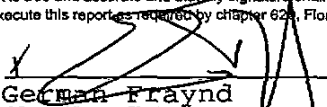
SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TOTAL HEALTH CORPORATION	1380 N.E. MIAMI GDNS	NORTH MIAMI BCH FL	S77281
			600002750846--8 -01/22/99--01005--023 ****526.25 ****526.25

**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   
 German Fraynd  
 Typed or Printed Name of General Partner Signing Form

DATE **12-15-98**  
**X 305947446**  
 (305) 931-0504  
 Daytime Telephone Number

CR2E003 (8/98)