

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32152**

1. Entity Name

CENTER FOR DIAGNOSTIC IMAGING, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 6:40



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1380 N.E. MIAMI GARDENS DRIVE SUITE 115 NORTH MIAMI BEACH FL 33179	Mailing Address 1380 N.E. MIAMI GARDENS DRIVE SUITE 115 NORTH MIAMI BEACH FL 33179-4708
---	--

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0319888** Applied For
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAYND, GERMAN
1380 N.E. MIAMI GARDENS DRIVE
SUITE 115
NORTH MIAMI BEACH FL 33179

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$165,450.00** 10. Amount of Capital Contributions in FLORIDA to date. **165,450.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **S77281**
NAME **TOTAL HEALTH CORPORATION**
STREET ADDRESS **1380 N.E. MIAMI GDNS DR.**
CITY - ST - ZIP **NORTH MIAMI BCH FL**

STREET ADDRESS
CITY - ST - ZIP **200003178752--4**
-03/21/00--01115--016
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3/1/2000** Daytime Phone # **305 947 4461**

CR2E003 (9/99)