

2002 UNIFORM BUSINESS REPORT (UBR)

0000809
AT

DOCUMENT # **A32152**

1. Entry Name

CENTER FOR DIAGNOSTIC IMAGING, LTD.

FILED

2002 JUL 18 PM 12:09

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-0319888**

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DUE BY SEPTEMBER 25, 2002

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. 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.

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
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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	STREET ADDRESS	
NAME	TOTAL HEALTH CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1380 N.E. MIAMI GDNS DR.	STREET ADDRESS	500006585625--9
CITY-ST-ZIP	NORTH MIAMI BCH FL	CITY-ST-ZIP	-07/23/02--01018--024
DOCUMENT #		STREET ADDRESS	****926.25 ****926.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 7/18/02 303 947,4461
Daytime Phone #

CF2E003 (4/02)