

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A32152**  
 1. Entity Name  
 CENTER FOR DIAGNOSTIC IMAGING, LTD.



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAR 22 PM 1:26

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



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01062004 Chg-LP CR2E003 (10/03)

City & State  
 Zip Country

4. FEI Number  
 65-0319888

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 FRAYND, GERMAN  
 1380 N.E. MIAMI GARDENS DRIVE  
 SUITE 115  
 NORTH MIAMI BEACH, FL 33179

**7. Name and Address of New Registered Agent**  
 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.

**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**

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

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	700031086057 03/24/04--01065--009 **376.25
STREET ADDRESS	
CITY-ST-ZIP	700031086057 03/24/04--01065--010 **150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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]* **SIGNING GENERAL PARTNER** *[Signature]* **Date** 3/14/2004 **Daytime Phone #** 305 942 4461