

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A32152**

1. Entity Name  
**CENTER FOR DIAGNOSTIC IMAGING, LTD.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006 Chg-LP CR2E003 (11/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
 After May 1, 2006, Fee will be \$900.00**

**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

U00000475952

04/05/06-80037-011 500.00

DOCUMENT #  
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 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

*3/10/06* *3059474461*

STAPLE CHECK HERE