


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**


**FILED
Apr 24, 2008 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
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0319888	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

U00000920576

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.

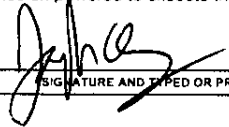
12. GENERAL PARTNER INFORMATION

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	

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STAPLE CHECK HERE

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:  DATE: 4/24/08 DAYTIME PHONE #: 3059474461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER