

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A32152

FILED
Apr 30, 2009
Secretary of State

Entity Name: CENTER FOR DIAGNOSTIC IMAGING, LTD.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0319888 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

GENERAL PARTNER INFORMATION:

Document #: S77281
Name: TOTAL HEALTH CORPORATION
Address: 1380 N.E. MIAMI GDNS DR.
City-St-Zip: NORTH MIAMI BCH, FL

ADDRESS CHANGES ONLY:

Address: 1380 N.E. MIAMI GDNS DR. SUITE 115
City-St-Zip: NORTH MIAMI BCH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH OKSEMBERG

VP

04/30/2009

Electronic Signature of Signing General Partner

Date