

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A32152

FILED  
Jan 04, 2010  
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. SUITE 115  
City-St-Zip: NORTH MIAMI BCH, FL 33179

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date