

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010819 AT

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

FILED

03 APR 22 PM 1:51

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.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country	4. FEI Number 65-0319888	Applied For <input type="checkbox"/> Not Applicable
-----	---------	-----	---------	---------------------------------	--

DUE BY MAY 1, 2003	
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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

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. \$165,450.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

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 #	\$77281	STREET ADDRESS	
NAME	TOTAL HEALTH CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1380 N.E. MIAMI GDNS DR.		
CITY-ST-ZIP	NORTH MIAMI BCH FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

800016690528

04/22/03--01087--005 **526.25

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: X ~~SIGNATURE REQUIRED~~ **1/31/2003** **3039310504**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

C2E003 (10/02)

STAPLE CHECK HERE