2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A95000001638

Entity Name: FLORIDA INSTITUTE OF HEALTH, LTD., L.L.L.P.

FILED Apr 23, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4850 WEST OAKLAND PARK BLVD., SUITE 205 LAUDERDALE LAKES, FL 333137260

Current Mailing Address: New Mailing Address:

4850 WEST OAKLAND PARK BLVD., SUITE 205 LAUDERDALE LAKES, FL 333137260

FEI Number: 65-0374059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, BRIAN A 255 ALHAMBRA CIR., SUITE 850 CORAL GABLES, FL 33134 US

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:

ADDRESS CHANGES ONLY:

Document #: 577642

Name: ALEX LEEDS, PA

 Address:
 4410 W. OAKLAND PARK BLVD.
 Address:

 City-St-Zip:
 LAUDERDALE LAKES, FL 33313
 City-St-Zip:

Document #: 545547

Name: DANIEL KESDEN, MD, PA

 Address:
 4850 W. OAKLAND PARK BLVD. #209
 Address:

 City-St-Zip:
 LAUDERDALE LAKES, FL 33313
 City-St-Zip:

Document #: F63924

Name: DANIEL E. MARCUS, MD, PA

 Address:
 7646 NOB HILL ROAD
 Address:

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:

Document #: P92000015323

Name: DAUER FIH RADIOLOGY ASSOCIATES, PA

 Address:
 4850 W. OAKLAND PARK BLVD. #145
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33313
 City-St-Zip:

Document #: P04000124892

Name: EDWARD D. HIRSCH MD, P.A.

 Address:
 2951 NW 49TH AVE - STE 205
 Address:

 City-St-Zip:
 LAUDERDALE LAKES, FL 33313
 City-St-Zip:

Document #: 548200

Name: FLORIDA INSTITUTE OF SURGERY, P.A.

Address: 4900 W. OAKLAND PARK BLVD. STE. 306 Address: City-St-Zip: LAUDERDALE LAKES, FL 33313 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: JOEL FRANKEL, M.D. GP 04/23/2010