2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B08000000108

Entity Name: ADVANCED MEDICAL IMAGING OF STUART, L.P.

FILED Jan 12, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|---------------------------------|------------------------------------|-------------------------------------|
| 1596 SE FEDERAL HWY STUART, FL 34994 | | | |
| Current Mailing Address | : | New Mailing Address | : |
| 1596 SE FEDERAL HWY STUART, FL 34994 | | | |
| FEI Number: 65-0634054 | 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 Age | | New Registered Agent: | |
| GREENBERG, MARK 1596 SE FEDERAL HWY STUART, FL 34994 US | 6 | | |
| The above named entity suin the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both |
| SIGNATURE: | | | |
| Electronic Signature of Registered Age | | ent | Date |
| GENERAL PARTNER INFORMA | ATION: | ADDRESS CHANGES ONL | Y : |
| Dogument #: | | | |

MG IMAGING CORPORATION Name:

Address:

1596 SE FEDERAL HIGHWAY Address: City-St-Zip: STUART, FL 34994 City-St-Zip:

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: MARK GREENBERG **PRES** 01/12/2009