2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 15, 2013
Secretary of State
CC1952430949

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Entity Name: NEURO SKELETAL IMAGING INSTITUTE OF ORLANDO, LTD., L.L.L.P.

Current Principal Place of Business:

1315 SOUTH ORANGE AVENUE
SUITES 1B
ORLANDO, FL 32806

Current Mailing Address:

PO BOX 400
MELBOURNE, FL 32902

FEI Number: 90-0194719

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CENTRAL FLORIDA IMAGING SPECIALISTS, INC.
2222 SOUTH HARBOUR CITY BLVD
SUITE 520
MELBOURNE, FL 32901 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 Detail :

Document #	P06000036906
Name	CENTRAL FLORIDA IMAGING SPECIALISTS, INC.
Address	1315 SOUTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32806

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOUANN MELI SITE MANAGER 04/15/2013

Electronic Signature of Signing General Partner Detail — Date