

**2020 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A32152

**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

**Current Mailing Address:**

1380 N.E. MIAMI GARDENS DRIVE  
SUITE 115  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 65-0319888

**Certificate of Status Desired:** No

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

FRAYND, GERMAN  
1380 N.E. MIAMI GARDENS DRIVE  
SUITE 115  
NORTH MIAMI BEACH, FL 33179 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 #

Name TOTAL HEALTH CORPORATION

Address 1380 N.E. MIAMI GDNS DR. SUITE 115

City-State-Zip: NORTH MIAMI BCH FL 33179

*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:** GERMAN FRAYND

**PRESIDENT**

**01/16/2020**

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

\_\_\_\_\_  
Date