

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**

**FILED  
Jul 20, 2005  
Secretary of State**

DOCUMENT# A03000000769

Entity Name: HEALTHTEST SCAN CENTER OF BOCA RATON LTD.

**Current Principal Place of Business:**

NORTHERN TRUST PLAZA, 301 YAMATO ROAD  
1240  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

NORTHERN TRUST PLAZA, 301 YAMATO ROAD  
1240  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 02-0691806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

LUNDY, EDMUND G M.D.  
NORTHERN TRUST PLAZA, 301 YAMATO ROAD  
1240  
BOCA RATON, FL 33431 US

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

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

**Capital Contributions as Shown on record:** 333,333.33  
**Amount of Capital Contributions in Florida to date:** 333,333.33

**GENERAL PARTNER INFORMATION:**

Document #: L03000015086  
Name: HEALTHTEST SCAN CENTER OF BOCA RATON LLC  
Address: NORTHERN TRUST PLAZA, 301 YAMATO ROAD  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDMUND G. LUNDY

MGRM

07/20/2005

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

\_\_\_\_\_  
Date