

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC -8 PM 4: 07



1. Name of Limited Partnership

1a. DOCUMENT #  
**A20124**

**KENDALL DIAGNOSTIC CENTER FOR WOMEN, LTD.**

Mailing Address

\* BERT SAGER  
P.O. BOX 1495  
S. MIAMI FL 33243

Principal Office Address

6129 S.W. 70TH ST., 2ND FL  
SOUTH MIAMI FL 33143

3. Date Formed or Registered

06/05/1985

5a. Capital Contributions as Shown on record.

\$10,000.00

3a. Date of Last Report

10/17/1996

5b. Amount of Capital Contributions in FLORIDA to date:

\$10,000

4. State or Country of Formation

FL

6. FEI Number

59-2568283

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

SAGER, BERT  
6129 S.W. 70TH STREET  
SOUTH MIAMI FL 33143

10. If changed, now Registered Agent/Office

Name

100002375921-3

Street Address (P.O. Box Number is Not Acceptable)

12/17/97-01117-003

Suite, Apt. #, etc.

\*\*\*173.75 \*\*\*173.75

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

DIAGNOSTIC CENTERS FOR WOMEN

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

6129 S.W. 70TH ST.

11b. City, State & Zip Code

MIAMI FL 33143

11c. Registration/Document Number

H55085

*Handwritten signature and date: 12-10*

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE 12-5-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)