


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000001595 1. Entity Name MP DIAGNOSTIC, LTD.	
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Principal Place of Business % YVETTE ANGELA ALMEIDA 9090 SW 87 COURT MIAMI, FL 33176	Mailing Address % YVETTE ANGELA ALMEIDA 9090 SW 87 COURT MIAMI, FL 33176
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01292007 No Chg-LP CR2E003 (12/06)

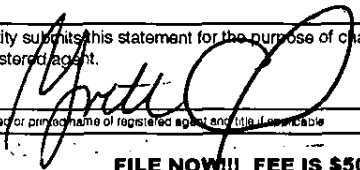
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1049824	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALMEIDA, YVETTE 9090 SW 87 COURT MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <u>2/11/07</u> Signature, typed or printed name of registered agent and title, if applicable DATE
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FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P00000092282
NAME	MP DIAGNOSTIC, INC.
STREET ADDRESS	9090 SW 87 COURT
CITY-ST-ZIP	MIAMI, FL 33176
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>U000000647927 03/06/07-80092-002 500.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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
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SIGNATURE:  <u>2/11/07</u> <u>305 265 7609</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
