

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001595

Entity Name: MP DIAGNOSTIC, LTD.

**FILED**  
**Feb 10, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

% YVETTE ANGELA ALMEIDA  
9090 SW 87 COURT  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

% YVETTE ANGELA ALMEIDA  
9090 SW 87 COURT  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-1049824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALMEIDA, YVETTE  
9090 SW 87 COURT  
MIAMI, FL 33176 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

**GENERAL PARTNER INFORMATION:**

Document #: P00000092282  
Name: MP DIAGNOSTIC, INC.  
Address: 9090 SW 87 COURT  
City-St-Zip: MIAMI, FL 33176

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: YVETTE ALMEIDA

RA

02/10/2009

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

\_\_\_\_\_  
Date