

2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000002064

FILED
Feb 10, 2004
Secretary of State

Entity Name: MOBILE BIOPSY MANAGEMENT OF FLORIDA LIMITED PARTNERSHIP

Current Principal Place of Business:

164 BAYMOUNT DRIVE
STATESVILLE, NC 28625

New Principal Place of Business:

Current Mailing Address:

164 BAYMOUNT DRIVE
STATESVILLE, NC 28625

New Mailing Address:

FEI Number: 56-2226679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

ROBINSON, GARY
2001 HARWOOD C
DEERFIELD, FL 33442 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: GARY ROBINSON

02/10/2004

Electronic Signature of Registered Agent

Date

Capital Contributions as Shown on record: 900.00

Amount of Capital Contributions in Florida to date: 900.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: G ROBINSON MANAGEMENT OF FLORIDA, INC.

Address: 164 BAYMOUNT DRIVE

City-St-Zip: STATESVILLE, NC 28625

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: GARY ROBINSON

MGMR

02/10/2004

Electronic Signature of Signing General Partner

Date