Physicians Choice MRI (FAX)9418421641 P. 003/003

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A01000001420

1. Entity Name
BOYNTON BEACH DIAGNOSTIC LEASING, LTD.

FILED
2004 SEP 13 P 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5910 CATTLERIDGE BLVD. SUITE C SARASOTA, FL 34232	5910 CATTLERIDGE BLVD. SUITE C SARASOTA, FL 34232

2. Principal Place of Business		3. Mailing Address	
3501 CATTLEMAN RD		3501 CATTLEMAN RD	
Suite, Apt. #, etc.: SUITE C		Suite, Apt. #, etc.: SUITE C	
City & State: SARASOTA, FL		City & State: SARASOTA, FL	
Zip: 34232	Country: SARASOTA	Zip: 34232	Country: SARASOTA

07082004 Chg-LP CR2E003 (10/03)

4. FEI Number: 01-0631602 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAFIA, DANIEL
5910 CATTLERIDGE BLVD.
SUITE C
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name: BAFIA DANIEL
Street Address (P.O. Box Number is Not Acceptable): 3501 CATTLEMAN ROAD
SUITE C
City: SARASOTA FL Zip Code: 34232

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: [signature]
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $300.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	CUNNINGHAM & RASKIN, INC. 5910 CATTLERIDGE BLVD., SUITE C SARASOTA, FL 34232	STREET ADDRESS CITY-ST-ZIP	3501 CATTLEMAN ROAD SUITE C SARASOTA, FL 34232
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #