2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001420

1. Entity Name
BOYNTON BEACH DIAGNOSTIC LEASING, LTD.

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

02012005 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	7. Name and Address of New Registered Agent
BAFIA, DANIEL 3501 CATTLEMAN ROAD SUITE C SARASOTA, FL 34232	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $300.00

10. Amount of Capital Contributions in FLORIDA to date. 300.00

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 #		STREET ADDRESS	
NAME	CUNNINGHAM & RASKIN, INC.		U00000369403
STREET ADDRESS	3501 CATTLEMAN ROAD	CITY-ST-ZIP	06/10/05-80006-004 141.25
CITY-ST-ZIP	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: ________________ 3/17/05 941-342-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #