

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:48**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A01000001420**

1. Entity Name  
**BOYNTON BEACH DIAGNOSTIC LEASING, LTD.**



Principal Place of Business

**3501 CATTLEMAN ROAD  
SUITE C  
SARASOTA, FL 34232**

Mailing Address

**3501 CATTLEMAN ROAD  
SUITE C  
SARASOTA, FL 34232**



2. Principal Place of Business

**5922 CATTLEMAN LANE  
Suite, Apt. #, etc.  
SUITE 101**

3. Mailing Address

**5922 CATTLEMAN LANE  
Suite, Apt. #, etc.  
SUITE 101**

04172006 Chg-LP CR2E003 (11/05)

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

4. FEI Number  
**01-0631602**

Applied For  
Not Applicable

Zip

**34232**

Country

**SARASOTA**

Zip

**34232**

Country

**SARASOTA**

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

6. Name and Address of Current Registered Agent

**BAFIA, DANIEL  
3501 CATTLEMAN ROAD  
SUITE C  
SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

Name **DANIEL BAFIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**5922 CATTLEMAN LANE  
SUITE 101**  
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, typed or printed name of registered agent and title if applicable.

**4/21/2006**  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT #  
NAME **CUNNINGHAM & RASKIN, INC.**  
STREET ADDRESS **3501 CATTLEMAN ROAD**  
CITY-ST-ZIP **SARASOTA, FL 34232**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5922 CATTLEMAN LANE, SUITE 101**  
CITY-ST-ZIP **SARASOTA, FL 34232**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/21/2006**  
Date

Daytime Phone #

STAPLE CHECK HERE