2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STRATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED May 11, 2005 08:00 AM Secretary of State

DOCUMENT # A0300000260 1. Entity Name FD DIAGNOSTIC, LLLP						Sec	retary (of State
Principal Place of Bus 9090 S.W. 87 COUR MIAMI, FL 33176	-	Mailing Address 9090 S.W. 87 COURT MIAMI, FL 33176		/ -, -			٠	
2. Principal Place of Business		-3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc			04292005	Chg-LP	CR2E003 (1	0/03)
City & State		City & State			4. FEI Number 01-0769	440		Applied For Not Applicabl
Zip	Zip Country		Cour	ntry	5. Certificate of	f Status Desired	□ \$8.7 Fee R	5 Additional equired
6. Name and Address of Current Registered Agent				: Name	7. Name and Address of New Registered Agent			
YVETTE ALMEIDA 9090 SW 87TH COURT MIAMI, FL 33176				Street Address (P.O. Box Number is Not Acceptable)				
The share considerable the state of the stat			Po register	City FL Zip Code Id office or registered agent, or both, in the State of Florida. I am familiar with, and ac				•
	A GENERAL PARTNER TE: General Partners	IN FLORIDA to R THAT IS A BUSINESS E MAY NOT be changed on VER INFORMATION	ENTITY M	IUST BE REGIST n; an amendmen	TERED AND AC	to change a g	eneral partner.	
DOCUMENT#	GENERAL PARTI	NER INFORMATION	13.	EET ADDRESS		ADDRESS CH	ANGES ONLY	
STREET ADDRESS 9090 :	AGNOSTIC, INC. S.W. 87 COURT I. FL 33176	•		-SI-ZIP		LOCAN	 ກາຕະກາກກ	
DOCUMENT#	1,1 12 33170		STRE	EET ADDRESS		05/11/05	0366009 -80025-02:	150.00
STREET ADDRESS CITY-ST-ZIP			CITY	-\$T-ZIP		···		
DOCUMENT # NAME		. ,	STRE	ET ADDRESS				
STREET ADDRESS CITY - ST - ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS		•	STRE	ET ADDRESS		- -		
CITY-ST-ZIP DOCUMENT #	 	<u>e</u> r er	_	-ST-ZIP				
NAME STREET ADDRESS	-			-ST-ZIP		<u> </u>		
DOCUMENT #			STRE	EET ADDRESS				
STREET AODRESS CITY-ST-ZIP			CITY	-S1-ZIP		<u> </u>		
14. I hereby certify the	at the information supplied v eport is true and accurate a stee empowered to execute	rith this filing does not qualify not that my signature shall hav this report as required by Cha	for the exer re the same apter 620, I	mption stated in Se e legal effect as if m Florida Statutes	ction 119.07(3)(i), ade under oath; t	Fiorida Statutes. hat I am a Genera	I further certify that all Partner of the lim	t the information lited partnership