

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000769

**FILED**  
**Jan 22, 2004**  
**Secretary of State**

**Entity Name:** HEALTHTEST SCAN CENTER OF BOCA RATON LTD.

**Current Principal Place of Business:**

NORTHERN TRUST PLAZA, 301 YAMATO ROAD  
1240  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

NORTHERN TRUST PLAZA, 301 YAMATO ROAD  
1240  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 02-0691806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUNDY, EDMUND G M.D.  
NORTHERN TRUST PLAZA, 301 YAMATO ROAD  
1240  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 333,333.33

**Amount of Capital Contributions in Florida to date:** 333,333.33

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: HEALTHTEST SCAN CENTER OF BOCA RATON LLC

Address: NORTHERN TRUST PLAZA, 301 YAMATO ROAD

City-St-Zip: BOCA RATON, FL 33431 US

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:** EDMUND G. LUNDY

MGRM

01/22/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date