


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY SEPTEMBER 8, 2004**

**DOCUMENT # A03000001204**

1. Entity Name  
**IMPG, LTD.**



FILED

2004 OCT 20 AM 11:17

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA



MOORE CR2E003 (4/04)

Principal Place of Business: **6630 BISCAYNE BLVD. MIAMI FL 33138**  
 Mailing Address: **6630 BISCAYNE BLVD. MIAMI FL 33138**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: \_\_\_\_\_  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**IKPE, NSIDIBE**  
**6630 BISCAYNE BLVD.**  
**MIAMI FL 33138**

7. Name and Address of New Registered Agent  
 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.

**11. FILE NOW!!! Due by September 8, 2004!**  
**See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee.**

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	P03000069307
NAME	PHYSICIANS ACCESS GROUP, INC.
STREET ADDRESS	6630 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL 33138
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

**400042322584**  
 11/01/04--01002--003 \*\*141.25

**AUG 17 2004**

PLEASE 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8/35/04**  
 Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_