

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A20371

1. Entity Name
MANATEE DIAGNOSTIC CENTER, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:44

Principal Place of Business 300 RIVERSIDE DRIVE EAST, SUITE 4300 BRADENTON, FL 34208	Mailing Address 300 RIVERSIDE DRIVE EAST, SUITE 4300 BRADENTON, FL 34208
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number

59-2587943

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRAHAM, DR. ANGUS W., JR.
 300 RIVERSIDE DR. E.
 #4300
 BRADENTON, FL 33508**

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

Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **H64441**
 NAME **MANATEE IMAGING ASSOCS**
 STREET ADDRESS **300 RIVERSIDE DR, EAST SUITE 4300**
 CITY-ST-ZIP **BRADENTON, FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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04/10/06--01018--019 **500.00

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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: *Angus W. Graham, Jr.* **ANGUS W. GRAHAM, JR., MD 2-17-06 (941) 747-3034**

STATE OF FLORIDA