FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A23662**

ST. JOSEPH'S DIAGNOSTIC CENTER, LTD.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 MAY -4 AM 10: 17



Mailing Address Principal Office Address 3. Date Formed or Registered Shown on 11/25/1986 Principal Office Address 11/25/1986	record.
TAMPA FL 33607 TAMPA FL 33607 TAMPA FL 33607	0,000.00
2. Mailing Address ATTN: 1 SAAC MALLAH Suite, Apt. #, etc. 2a. Principal Office Address C O SAN MMANO ENTERPRISES, INC Suite, Apt. #, etc. 5b. Amount of Contribution to date: 4. State or Country of Formation FL 6. FEI Number	Applied For
City & State City & State	Not Applicable \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse	side for fee information)
9. Name and Address of Current Registered Agent - 10. If changed, new Registered Agent/Office	
Name MALLAH I SAAC	
Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, a for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the applications of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	
11. Name(s) of General Partner(s) 118. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. D.	Registration/ Pocument Number
SAN DAMIANO ENTERPRISES, INC 3003 W. DR. MARTIN LU TAMPA FL 33477 N1576	88 CR2E003 (12/97)
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Corporations from any justifity at non-compliance with Section 119,07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620/Florida Statutes.

Ositima Talanhona Ni mbar

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