

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 17 PM 4:19

1. Name of Limited Partnership  
1a. DOCUMENT #  
A23662  
ST. JOSEPH'S DIAGNOSTIC CENTER, LTD.



Mailing Address ATTN. ISAAC MALLAH 3003 W DR MARTIN L KING JR BLVD TAMPA FL 33607	Principal Office Address C/O SAN DAMIANO ENTERPRISES, INC. 3003 WEST DR. MARTIN LUTHER KING JR. BLVD TAMPA FL 33607	3. Date Formed or Registered 11/25/1986	5a. Capital Contributions as Shown on record. \$200,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 05/04/1998	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2820952	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$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 MALLAH, ISAAC 3003 WEST DR. MARTIN LUTHER KING JR. BLVD TAMPA FL 33607	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. 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, submits this statement 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 appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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) SAN DAMIANO ENTERPRISES, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3003 W. DR. MARTIN LU	11b. City, State & Zip Code TAMPA FL 33477-4227	11c. Registration/ Document Number N15783
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\*\*\*\*526.25 \*\*\*\*526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of 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.

SIGNATURE

Isaac Mallah

DATE

12/7/98

Typed or Printed Name of General Partner Signing Form

Isaac Mallah

Daytime Telephone Number

(813) 870-4020

CR2E003 (8/98)