
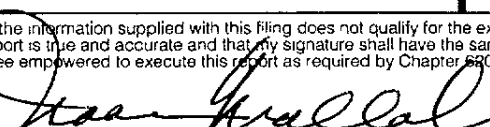


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A23662</b>					
1. Entity Name ST. JOSEPH'S DIAGNOSTIC CENTER, LTD.					
Principal Place of Business C/O SAN DAMIANO ENTERPRISES, INC. 3001 WEST DR. MARTIN LUTHER KING JR. BLVD TAMPA, FL 33607			Mailing Address ATTN. ISAAC MALLAH 3001 WEST DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2820952	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLAH, ISAAC 3001 WEST DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$200,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	N15783		STREET ADDRESS		
NAME	SAN DAMIANO ENTERPRISES, INC.		CITY - ST - ZIP		
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR., BLVD.				
CITY - ST - ZIP	TAMPA, FL 334774227				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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 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 680, Florida Statutes					
SIGNATURE: 			4/29/04 (813) 870-4000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Isaac Mallah			Date Daytime Phone #		

STAPLE CHECK HERE