

FILED
May 06, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A23662

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**



04212006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-2820952

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**MALLAH, ISAAC
3001 WEST DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

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.

**FILE NOW! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

UP00000547439
05/10/06-R0053-012 500.00

**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
DOCUMENT # N15783
NAME SAN DAMIANO ENTERPRISES, INC.
STREET ADDRESS 3001 W. DR. MARTIN LUTHER KING JR., BLVD.
CITY-ST-ZIP TAMPA, FL 334774227

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-06 (413) 870-4030

STAPLE CHECK HERE