


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 10 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A23662 1. Entity Name ST. JOSEPH'S DIAGNOSTIC CENTER, LTD.	
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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
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03212007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2820952	Applied For Not Applicable
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

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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 05/22/07
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	N15783 SAN DAMIANO ENTERPRISES, INC. 3001 W. DR. MARTIN LUTHER KING JR., BLVD. TAMPA, FL 334774227
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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: Isaac Mallah 4/6/07 (813) 870-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE