

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004577 AV

DOCUMENT # **A23662**

1. Entity Name  
**ST. JOSEPH'S DIAGNOSTIC CENTER, LTD.**



**FILED**  
**03 APR 29 PM 12:40**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$200,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 33477-4227**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**600017320846**

STREET ADDRESS

CITY-ST-ZIP

**04/29/03--01079--017 \*\*526.25**

DOCUMENT #  
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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 620, Florida Statutes

SIGNATURE:

*Isaac Mallah*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**, Isaac Mallah, April 24, 2003

Date

Daytime Phone #

CR2E003 (10/02)