

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN -3 PM 1:47

1. Name of Limited Partnership

1a. DOCUMENT #
A25899

LEESBURG COMPUTERIZED TOMOGRAPHIC DIAGNOSTIC CENTER, LTD.



Mailing Address
**P.O. BOX 491640
LEESBURG FL 34749-1640**

Principal Office Address
**801 EAST DIXIE AVENUE
SUITE 104
LEESBURG FL 34749**

3. Date Formed or Registered
02/05/1988

5a. Capital Contributions as Shown on record.
\$10,000.00

3a. Date of Last Report
12/07/1995

5b. Amount of Capital Contributions in FLORIDA to date:
\$10,000.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

6. FEI Number
59-2872229

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

8. Make check payable to: Dept. of State (See reverse side for fee information)

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**GELFAND, PHILIP N M.D.
801 EAST DIXIE AVE. STE. 104
LEESBURG FL 34749**

10. ~~Print name and address of registered agent~~ **1**

Name **-01/14/97--01178--002**
Street Address (P.O. Box Number Is Not Acceptable) ******208.75 ****208.75**
Suite, Apt. #, etc.
City **FL** Zip Code

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)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/ Document Number

GELFAND, PHILIP N M.D.

801 E. DIXIE AVENUE,

LEESBURG FL 34749

WOLLIN, ERNEST M.D.

801 E. DIXIE AVENUE,

LEESBURG FL 34749

LEVINE, MICHAEL S M.D.

801 E. DIXIE AVENUE,

LEESBURG FL 34749

KELLER, CATHRINE E M.D.

801 E. DIXIE AVENUE,

LEESBURG FL 34749

GURINSKY, JOSEPH S M.D.

801 E. DIXIE AVENUE,

LEESBURG FL 34749

WEYN, DAVID C M.D.

801 E. DIXIE AVENUE,

LEESBURG FL 34749

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

Michael Levine

DATE

12/27/96

Typed or Printed Name of General Partner Signing Form

MICHAEL LEVINE, M.D.

Daytime Telephone Number

(352) 787-5858

CR2E003 (6/96)