

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN 26 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A25899**

**LEESBURG COMPUTERIZED TOMOGRAPHIC DIAGNOSTIC CENTER, LTD.**

*A17303-PP*



Mailing Address

P.O. BOX 491640  
LEESBURG FL 34749-1640

Principal Office Address

801 EAST DIXIE AVENUE  
SUITE 104  
LEESBURG FL 34749

*98-AR CM*

3. Date Formed or Registered

02/05/1988

5a. Capital Contributions as Shown on record.

\$10,000.00

3a. Date of Last Report

01/03/1997

5b. Amount of Capital Contributions in FLORIDA to date:

\$10,000.00

4. State or Country of Formation

FL

6. FEI Number

59-2872229

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

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

10. If changed, new Registered Agent/Office

Name *Keller, Cathrine E. M.D.*  
Street Address (P.O. Box Number Is Not Acceptable)  
*801 East Dixie Avenue*  
Suite, Apt. #, etc.  
*Suite # 104*  
City *Leesburg* FL Zip Code *34749*

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)

*Cathrine E. Keller*

DATE

*1/15/98*

**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

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LEESBURG FL 34749 -01/21/88--01132--005  
\*\*\*\*226.25 \*\*\*\*173.75

**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

*Cathrine E. Keller*

DATE

*12/31/97*

Typed or Printed Name of General Partner Signing Form

*Cathrine E. Keller*

Daytime Telephone Number

*352 787 5858*

CR2E003 (6/97)