

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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 APR -3 AM 9:21



1. Name of Limited Partnership	1a. DOCUMENT # A31912
BRANDON DIAGNOSTIC CENTER, LTD.	

Mailing Address 747 WEST BRANDON BLVD. BRANDON FL 33511	Principal Office Address 747 WEST BRANDON BLVD. BRANDON FL 33511	3. Date Formed or Registered 08/26/1991	5a. Capital Contributions as Shown on record. \$150,000.00
		3a. Date of Last Report 12/29/1995	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 150,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3085971	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent ALLISTON, CURTIS L. 747 WEST BRANDON BLVD. BRANDON FL 33511	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 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) ALPHA ASSOCIATES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 747 W BRANDON BLVD	11b. City, State & Zip Code BRANDON FL	11c. Registration/Document Number S57078
<p align="right"> 500002136685--8 -04/08/97--01086--016 ****541.25 ****541.25 </p>			

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

Curtis L. Alliston

DATE

3/31/97

Typed or Printed Name of General Partner Signing Form

CURTIS L. ALLISTON

Daytime Telephone Number

(813) 661-9501

CR2E003 (11/96)