


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 17 AM 8: 35

DOCUMENT # A32712			
1. Entity Name MEDICUS DIAGNOSTIC CENTERS, LTD.			
Principal Place of Business 1340 PALMETTO AVENUE WINTER PARK, FL 32789		Mailing Address 1340 PALMETTO AVENUE WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # <i>2188 Sprint Blvd</i> Suite, Apt. #, etc.		3. Mailing Address <i>2188 Sprint Blvd</i> Suite, Apt. #, etc.	
City & State <i>Apopka, FL</i>		City & State <i>Apopka, FL</i>	
Zip <i>32703</i>		Zip <i>32703</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 58-1990744		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 FINKEL, TED S 1340 PALMETTO AVENUE WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name: <i>TED S. FINKEL</i> Street Address (P.O. Box Number is Not Acceptable) <i>2188 Sprint Blvd.</i> City: <i>Apopka</i> FL Zip Code: <i>32703</i>	
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 _____	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P37998 MEDICUS DIAGNOSTIC CENTERS, INC. 1340 PALMETTO AVENUE WINTER PARK, FL 32792	STREET ADDRESS CITY-ST-ZIP	<i>2188 Sprint Blvd</i> <i>Apopka, FL 32703</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<i>800123588368</i> <i>04/16/08-01004-008 **500.00</i>
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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: <i>Ted S. Finkel</i>		<i>TED S. FINKEL 3-18-08 407-674-1262</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE