2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 19, 2006 08:00 AM Secretary of State

CRUCCIMMENT # ASZSI	CUMENT # A3297	7	9	2:	32	Α	Щ	IT	٨	F	A	٨	1	`!	(a	
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1. Entity Name

PONCE DE LEON DIAGNOSTIC SERVICES, LTD.



Principal Place of Business

747 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 Mailing Address

590 WEST 20 STREET HIALEAH, FL 33010-2400



DO NOT WRITE IN THIS SPACE

01062008 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0334498

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACERAS, WILFRED 590 WEST 20 STREET HIALEAH, FL 33010-2400

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept
SIGNATURE	Signature, typed or private remay of registered egent and title if exprinable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	V30922	
NAME	ADC FOUNDERS CORPORATION	
STREET ADDRESS	747 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL	U00000518137
OCCUMENT #		05/01/06-80076-012 508.7
NAME		
STREET ACCRESS		*
CITY-ST-27P		
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT #		IN THIS SPACE
NAME		
STREET ACCURESS	}	
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STREET ADDRESS		<u>-</u> ··· · · ·
CITY-ST-ZIP		
DOCUMENT #		

14. I hereby certify that the information supplied with this filling 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 path; that I am a General Partner of the limited partnership or the receiver or trustee appropriate to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PRESIDENT

04/12/06

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Daytime Phone #