


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED**

2007 APR 25 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A32971</b> 1. Entity Name PONCE DE LEON DIAGNOSTIC SERVICES, LTD.	
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Principal Place of Business 747 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Mailing Address 590 WEST 20 STREET HIALEAH, FL 33010-2400
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <i>760 Ponce de Leon Blvd</i>
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City & State <i>Coral Gables FL</i>	4. FEI Number 65-0334498	Applied For Not Applicable
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Zip 33134	Country <i>Myomi Dale</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRACERAS, WILFRED 590 WEST 20 STREET HIALEAH, FL 33010-2400	7. Name and Address of New Registered Agent
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Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent; and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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	V30922 ADC FOUNDERS CORPORATION 747 PONCE DE LEON BLVD. CORAL GABLES, FL
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STAPLE CHECK HERE

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:** WILFRED BRACERAS, PRESIDENT *Wilfred Braceras* 04/15/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #