

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02052007 Chg-LP CR2E003 (12/06)

4. FEI Number **65-0334498** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DOCUMENT # A32971

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**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
760 Ponce de Leon Blvd

Suite, Apt. #, etc.

City & State
Coral Gables FL

Zip
33134 Country
Mydomi Dade

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	

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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: WILFRED BRACERAS, PRESIDENT

Wilfred Braceras

04/11/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE