


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 23 PM 4:41

<b>DOCUMENT # A32971</b>					
1. Entity Name PONCE DE LEON DIAGNOSTIC SERVICES, LTD.					
Principal Place of Business 747 PONCE DE LEON BLVD. CORAL GABLES, FL 33134			Mailing Address 760 PONCE DE LEON BLVD CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04022008 Chg-LP CR2E003 (12/06)	
Zip		Country		4. FEI Number 65-0334498	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRACERAS, WILFRED 590 WEST 20 STREET HIALEAH, FL 33010-2400			Name <b>Braceras, Wilfred</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>760 Ponce De Leon Blvd.</b>		
			City <b>Coral Gables</b>		
			State <b>FL</b>		
			Zip Code <b>33134</b>		
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			<b>Wilfred Braceras</b>		DATE <b>04/11/08</b>
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00</b>					
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	V30922		STREET ADDRESS	<b>100125115221</b> 04/22/08--01042--015 **508.75	
NAME	ADC FOUNDERS CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	747 PONCE DE LEON BLVD.				
CITY-ST-ZIP	CORAL GABLES, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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>Wilfred Braceras</i>			<b>Wilfred Braceras, President &amp; CEO</b>		Date <b>04/1/08</b> (305)863-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #



STAPLE CHECK HERE