

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A94000000557

1. Entity Name
OSCEOLA IMAGING CENTER, LTD.



Principal Place of Business
**711 E. OSCEOLA STREET
 STUART, FL 34995**

Mailing Address
**11337 OKEECHOBEE BLVD.
 ROYAL PALM BEACH, FL 33411**

FILED

04 APR 29 AM 10:02

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0480409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MENDEZ, DAVID J ESQ.
 2424 N. FEDERAL HWY., SUITE 456
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name **KELLY A. CONROY**

Street Address (P.O. Box Number is Not Acceptable)
12798 W. FOREST HILL BLVD

SUITE 301A

City **WELLINGTON**

FL

Zip Code
33414

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

Kelly A. Conroy

KELLY A. CONROY

4/28/04

DATE

9. Capital Contributions
 as Shown on record.

\$115,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

**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

DOCUMENT # **P94000008128**
 NAME **OSCEOLA IMAGING CENTER, INC.**
 STREET ADDRESS **11337 OKEECHOBEE BLVD.**
 CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500035843935
05/10/04--01127--022 **526.25

Handwritten initials

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ERIC BAUMEL

4/28/04 561-795-9150

Date

Daytime Phone #

STAPLE CHECK HERE