

# 2002 UNIFORM BUSINESS REPORT (UBR)

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AB

**DOCUMENT # A97000001675**  
1. Entity Name  
**DIAGNOSTIC ASSOCIATES OF PALM BEACH GARDENS, LTD**

**FILED**  
**02 APR 23 PM 4:31**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**3801 PGA BLVD., SUITE 505**      **C/O MARY H. YUMIBE**  
**PALM BEACH GARDENS FL 33140**      **3820 STATE STREET**  
      **SANTA BARBARA CA 93105**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number	65-0773217	Applied For
		Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,189,791.20**      10. Amount of Capital Contributions in FLORIDA to date. \_\_\_\_\_

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	<b>373650</b>
NAME	<b>PALM BEACH GARDENS COMMUNITY HOSPITAL, INC</b>
STREET ADDRESS	<b>3820 STATE STREET</b>
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>300005482563--0</b>
	<b>-05/07/02--01090--030</b>
CITY-ST-ZIP	<b>****710.00 ****88.75</b>
STREET ADDRESS	<b>BK</b>
CITY-ST-ZIP	
STREET ADDRESS	<b>300005482563--0</b>
	<b>-05/07/02--01090--036</b>
CITY-ST-ZIP	<b>****437.50 ****437.50</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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: \_\_\_\_\_**      **4/15/02**      **805/563-7075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #