


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAR -3 PM 3:12

<b>DOCUMENT # A97000001675</b> 1. Entity Name DIAGNOSTIC ASSOCIATES OF PALM BEACH GARDENS, LTD.	
---	---

Principal Place of Business 3801 PGA BLVD., SUITE 505 PALM BEACH GARDENS, FL 33140	Mailing Address C/O <del>MAXXWOMEX</del> Sherrie Smith 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



01052004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0773217		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right"><b>FL</b></span> 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.

9. Capital Contributions as Shown on record. <b>\$1,189,791.20</b>	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	373650	STREET ADDRESS	
NAME	PALM BEACH GARDENS COMMUNITY HOSPITAL, INC	CITY-ST-ZIP	
STREET ADDRESS	3820 STATE STREET		
CITY-ST-ZIP	SANTA BARBARA, CA 93105		
DOCUMENT #		STREET ADDRESS	<b>500029823335</b>
NAME		CITY-ST-ZIP	<b>03/03/04--01062--001 **17636.25</b>
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			

STAPLE CHECK HERE

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:** Kristina A. Mack **Kristina A. Mack, Asst. Secretary** 2/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #