2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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SIGNATURE:

- FILED **DOCUMENT # A97000001675** 2005 APR 28 PM 1: 43 DIAGNOSTIC ASSOCIATES OF PALM BEACH GARDENS. SECRETARY OF STATE TALLAHASSEE, FLORIDA I TD 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 13737 Noel Road 13737 Noel Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E003 (10/03) Chg-LP Suite 100 Suite 100 City & State City & State 4. FEI Number Applied For Dallas, TX Dailas, TX 65-0773217 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 75240 75240 USA IISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code F١ 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,189,791.20 as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # 373650 STREET ADDRESS 13737 Noel Road PALM BEACH GARDENS COMMUNITY HOSPITAL, INC. NAME STREET ADDRESS 3820 STATE STREET CITY-ST-ZIP Dallas, TX 75240 CITY-ST-ZIP SANTA BARBARA, CA 93105 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **500055185145** 05/24/05--01032--014 **150.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 500055185145 05/24/05 01032 015 **376,25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME Z STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 trustae empowered to execute this report as required by Chapter 620, Florida Statutes

Kristina A. Mack, Asst. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/10/05

805-563-7000

Davtime Phone #