

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000001675

1. Entity Name
DIAGNOSTIC ASSOCIATES OF PALM BEACH GARDENS, LTD.



Principal Place of Business
**13737 NOEL ROAD, STE 100
 DALLAS, TX 75240**

Mailing Address
**13737 NOEL ROAD, STE 100
 DALLAS, TX 75240**

ATTN: DONNA JARRELL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192006

Chg-LP

CR2E003 (11/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria Ozaeta
 Signature, typed or printed name of registered agent and title if applicable.

**Maria Ozaeta
 Vice President**

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2006, Fee will be \$900.00**

**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 # **373650**
 NAME **PALM BEACH GARDENS COMMUNITY HOSPITAL, INC**
 STREET ADDRESS **13737 NOEL ROAD, STE 100**
 CITY-ST-ZIP **DALLAS, TX 75240**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **100067290954**
 CITY-ST-ZIP **03/07/06--01015--001 **350.00**

STREET ADDRESS **100067290954**
 CITY-ST-ZIP **03/07/06--01015--002 **150.00**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 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

Caitlin Larsen
 Signature and typed or printed name of signing general partner

Caitlin Larsen

1-26-06

469-893-2701

Date Daytime Phone #

SECRETARY OF GP

FILED

2006 FEB 24 AM 8:35

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



BK

STAPLE CHECK HERE