2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #	A9700000167	5

1. Entity Name

DIAGNOSTIC ASSOCIATES OF PALM BEACH GARDENS, LTD



Principal Place of Busine 3801 PGA BLVO SUITE !		
PALM BEACH GARDENS	FL	33140

Mailing Address C/O MARY H. YUMIBE 3820 STATE STREET

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SEC.	RE4944. 1: 01 ATTASSEE.	• н 12: 42 ⁻ State
	TUTOSEE,	FLORIDA



			SANIA	BARBARA CA 9310	D.							
2. Principal P	Place of Busin	ess	3. Mailing Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.		 -	DUE BY MAY 1, 2003								
City & State City & State					007/// 02 //				Applied For Not Applicable			
Zip		Country	Zip	Zip Country			5. Certificate o	tificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere	d Agent			7. Name and A	Address of New Registere	d Age	nt		
C T COR	PORATION :	SYSTEM				Name	•					
1200 SOL	JTH PINE IS	LAND ROAD				Street Address	(P.O. Box Number	is Not Acceptable)			. 1	
PLANTATION FL 33324			ļ									
						City	h		_	Zip Co		
	named entity ions of registe		r the purpo	ose of changing its	registere	d office or registe	ered)agent, of both,	, in the State of Florida. Ta	m fam	iliar with	n, and accept	
SIGNATURE .	Signature typed	or printed name of registered agent	and title if appl	icable.				DAT				
9. Capital Co as Shown	ntributions	\$1,189,791.20		D. Amount of Capita in FLORIDA to da		utions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATU SEE REVERSE SIDE FOR FEE INFORMATION					
								TIVE WITH THIS OFFI		er.		
12.		GENERAL PARTNER	RINFORM	ATION	13.			ADDRESS CHANGES	DNLY			
DOCUMENT # NAME	ME PALM BEACH GARDENS COMMUNITY HOSPITAL, INC		STREE	T ADDRESS	•							
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SIGNATURE:

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Daytime Phone #

NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes						