

2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000000957

FILED
Apr 28, 2004
Secretary of State

Entity Name: BOYLESTON CAPITATED MEDICAL ORGANIZATION, LTD.

Current Principal Place of Business:

C/O PHYTRUST, LTD.
13680 NW 5TH ST., SUITE 100
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

C/O PHYTRUST, LTD.
13680 NW 5TH ST., SUITE 100
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 65-0828801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
350 E. LAS OLAS BLVD.
16TH FLOOR
FORT LAUDERDLE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Capital Contributions as Shown on record: 7,600.00

Amount of Capital Contributions in Florida to date: 2,700.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: BOYLESTON PARTNERS, INC.

Address: 13680 NW 5TH ST., SUITE 100

City-St-Zip: SUNRISE, FL 33325

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KEITH COLLINS

CEO

04/28/2004

Electronic Signature of Signing General Partner

_____ Date