

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000957

**FILED**  
**May 24, 2005**  
**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:** 7,600.00

**GENERAL PARTNER INFORMATION:**

Document #: P98000035228  
Name: BOYLESTON PARTNERS, INC.  
Address: 13680 NW 5TH ST., SUITE 100  
City-St-Zip: SUNRISE, FL 33325

**ADDRESS CHANGES ONLY:**

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: NEIL A. NATKOW

P

05/24/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date