

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A98000001570

PRIMENET RADIOLOGY, LTD.

Mailing Address

4914 N. ARMENIA AVE.
TAMPA FL 33607

Principal Office Address

4914 N. ARMENIA AVE.
TAMPA FL 33607

2. Mailing Address

3830-5 Williamsburg Pk Blvd
Suite, Apt. #, etc.

2a. Principal Office Address

Same
Suite, Apt. #, etc.

City & State

Jacksonville FL
Zip 32257 Country USA

City & State

Zip Country

3. Date Formed or Registered

06/26/1998

3a. Date of Last Report

4. State or Country of Formation

FL

6. FEI Number

59-3519047

5a. Capital Contributions as
Shown on record

\$100.00

5b. Amount of Capital
Contributions in FL OR (IA
to date

Applied For
Not Applicable

7. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ABBEY, THEODORE J
3830-5 WILLIAMSBURG PARK BLVD.
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

HEALTHTRUST MARKETING GROUP,
MEDRAD IMAGING, INC.
MEDRAD IMAGING INC

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3830-5
3830-5 WILLIAMSBURG P
4914 N. ARMENIA AVE.
4914 N ARMENIA AVE

11b. City, State & Zip Code

JACKSONVILLE FL 32257
TAMPA FL 33607
TAMPA 33607

11c. Registration/
Document Number

dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Theodore J Abbey

Daytime Telephone Number

904-737-3505

CR2E003 (12/98)