

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

99 FEB -7 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Morthom Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership J.P. Diagnostic, LTD.		1a. DOCUMENT # A98000002872	
Mailing Address 8000 West Flagler St. Suite 101 Miami, Florida 33144 USA		Principal Office Address 8000 West Flagler St. Suite 101 Miami, Florida 33144 USA	
2. Mailing Address 8000 West Flagler St. Suite, Apt. #, etc. Suite 101 City & State Miami, Florida Zip 33144 USA		2a. Principal Office Address 8000 West Flagler St. Suite, Apt. #, etc. Suite 101 City & State Miami, Florida Zip 33144 USA	
3. Date Formed or Registered 12-29-98		5a. Capital Contributions or Share in 1998 \$9,900.00	
3b. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA in 1998 N/A	
4. State or Country of Formation Florida		6. Termination <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> NOT APPLICABLE	
7. Certificate of State Desired <input type="checkbox"/> \$0.75 Applied for Renewal		8. MINE CHECK PAYABLE TO DEPT. OF STATE (SEE INSTRUCTIONS FOR FILING)	
9. Name and Address of Current Registered Agent Stanton G. Levin, ESQ. 1570 Madruga Avenue Suite 311 Coral Gables, FL 33146		10. If changed, New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State _____ Zip Code _____	
10a. Pursuant to the provisions of sections 670.1001 and 670.101, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits the information 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) and hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 670.101, 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) J.P. Diagnostics, Inc	11a. Address of Each General Partner (or 401 Main Post Office Box Number) 8000 W. Flagler St. Suite 101	11b. City, State & Zip Code Miami, FL 33144	11c. Registered Debtor's Number P98000107153
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 and the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(1)(a) 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 and name have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership described or business described in section 670.101 as required by section 670.101 of the Statutes.			
SIGNATURE Jaime Pozo, as President of J.P. Diagnostic, Inc.		DATE 1/25/99	

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CREATED PERIOD

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