## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #B0400000385** 06 MAR 27 AM II: 13 ACCÚMED HEALTH SERVICES, L.P. Principal Place of Business Mailing Address 2600 VIA FORTUNA 2600 VIA FORTUNA SUITE 215 SUITE 215 AUSTIN, TX 78746 AUSTIN, TX 78746 2. Principal Place of Business 3. Mailing Address C/o TLC Legal 1983 Marcus Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 CR2E003 (11/05) Chg-LP Suite 200 City & State La Ke Saccess City & State Applied For 4. FEI Number 20-1539447 Not Applicable Zip Country Country \$8.75 Additional 11042 5. Certificate of Status Desired Nassau Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2525 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # M04000003559 STREET ADDRESS ACCUMED GENPAR, L.L.C. NAME 2600 VIA FORTUNA, SUITE 215 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUSTIN, TX 78746 000069938020 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

TURE AND TYPED OR PRINTED NAME OF

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

NAME STREET ADDRESS

NAME STREET ADDRESS

STAPLE CHECK

Michael Mellaule for Accumed to History 05/16/2006

FILED