2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

FILED DOCUMENT # B0400000385 1. Entity Name 2007 APR 25 AM 10: 49 ACCUMED HEALTH SERVICES, L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2600 VIA FORTUNA % TLC LEGAL DEPT **SUITE 215** 1983 MARCUS AVENUE, SUITE 200 AUSTIN, TX 78746 LAKE SUCCESS, NY 11042 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1983 Marcus Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Suite 200 Chg-LP CR2E003 (12/06) City & State a Ke Success Applied For City & State 4. FEI Number 20-1539447 Not Applicable Zip Zip Country \$8.75 Additional us 5. Certificate of Status Desired 11042 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13 DOCUMENT # M04000003559 STREET ADDRESS 983 Marcus Avenue, Suite 200 ACCUMED GENPAR, L.L.C. NAME STREET ADDRESS 2600 VIA FORTUNA, SUITE 215 CITY-ST-ZIP Successi CITY-ST-ZIP AUSTIN, TX 78746 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 400101619054 ns/04/07--01053--024 **500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP DOCUMENT # STAPLE CHECK STREET ADDRESS NAME STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 SIGNATURE: Daytime Phone