

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A32971

**Entity Name:** PONCE DE LEON DIAGNOSTIC SERVICES, LTD.

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

760 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**FEI Number:** 65-0334498

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BRACERAS, WILFRED  
760 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

*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

**General Partner Detail :**

Document # V30922  
Name ADC FOUNDERS CORPORATION  
Address 747 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILFRED BRACERAS

**PRES**

**03/21/2015**

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

\_\_\_\_\_  
Date