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STREET ADDRESS City-St-Jip

SIGNATURE:

2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A94000001005

1. Entity Name

RIO VISTA OB/GYN ASSOCIATES, LIMITED PARTNERSHIP



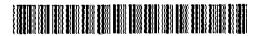
FILED Mar 16, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1625 SOUTHEAST THIRD AVENUE, SUITE 701 FORT LAUDERDALE, FL 33316

1625 SOUTHEAST THIRD AVENUE, SUITE 701 FORT LAUDERDALE, FL 33316



DO NOT WRITE IN THIS SPACE

02272006 No Chg-LP CR2	E003 (11/05)
4. FEI Number	Applied For
65-0473161	Not Applical

5. Certificate of Status Desired

Not Applicable
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POULIOT, REYNALD 1625 SOUTHEAST THIRD AVENUE, SUITE 701 FORT LAUDERDALE, FL 33316

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The above the obligation	named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both, in the State of Florida. (am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable.	900000463652 <u>93/27/96-300ूд</u> 2-008-500.00
	FILE NOWILL FEE IS \$500.00 After May 1, 2005, Fee will be \$900.0	00
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	K69693	
NAME	CORAL RIDGE OB GYN ASSOCIATES, INC.	
STREET ADDRESS	224 COMMERCIAL BLVD #200	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308	
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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

PRESIDENT OF GEN PIR