

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A94000001005

1. Entity Name
RIO VISTA OB/GYN ASSOCIATES, LIMITED PARTNERSHIP



Principal Place of Business
**1625 SOUTHEAST THIRD AVENUE, SUITE 701
FORT LAUDERDALE, FL 33316**

Mailing Address
**1625 SOUTHEAST THIRD AVENUE, SUITE 701
FORT LAUDERDALE, FL 33316**



02272006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0473161

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

U000000469662
03/27/06-80000-000 500.00
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

DOCUMENT # **K69693**
NAME **CORAL RIDGE OB GYN ASSOCIATES, INC.**
STREET ADDRESS **224 COMMERCIAL BLVD #200**
CITY-ST-ZIP **LAUDERDALE BY THE SEA, FL 33308**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature] **PRESIDENT OF GEN PTR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/06
Date

9549179955
Daytime Phone #

STAPLE CHECK HERE