

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001485 1. Entity Name DERMATOLOGY ASSOCIATES OF BREVARD, LLLP					
Principal Place of Business 1286 SOUTH FLORIDA AVENUE ROCKLEDGE, FL 32955				Mailing Address 1286 SOUTH FLORIDA AVENUE ROCKLEDGE, FL 32955	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01052005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3759157	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KIRKPATRICK, RICHARD C 1286 SOUTH FLORIDA AVENUE ROCKLEDGE, FL 32955				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$10,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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				13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME: KIRKPATRICK, RICHARD C STREET ADDRESS: 1286 SOUTH FLORIDA AVENUE CITY-ST-ZIP: ROCKLEDGE, FL 32955				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME: SEQUEIRA, MARIO J STREET ADDRESS: 1286 SOUTH FLORIDA AVENUE CITY-ST-ZIP: ROCKLEDGE, FL 32955				STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 3/2/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE