

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 12, 2006 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-LP CR2E003 (11/05)

4. FEI Number
59-3759157

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRKPATRICK, RICHARD C
1286 SOUTH FLORIDA AVENUE
ROCKLEDGE, FL 32955**

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

Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**KIRKPATRICK, RICHARD C
1286 SOUTH FLORIDA AVENUE
ROCKLEDGE, FL 32955**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEQUEIRA, MARIO J
1286 SOUTH FLORIDA AVENUE
ROCKLEDGE, FL 32955**

STREET ADDRESS

CITY-ST-ZIP

**UNIQUE 05/04
04/26/06-80124-014 500.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**321 955
6070**