


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT #</b> A01000001485                                   |  |
| <b>1. Entity Name</b><br>DERMATOLOGY ASSOCIATES OF BREVARD, LLLP |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>1286 SOUTH FLORIDA AVENUE<br>ROCKLEDGE FL 32955 | <b>Mailing Address</b><br>1286 SOUTH FLORIDA AVENUE<br>ROCKLEDGE FL 32955 |
|---|---|



|   |         |                           |         |
|---|---------|---------------------------|---------|
| <b>2. Principal Place of Business - No P.O. Box #</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                                   |         | Suite, Apt. #, etc.       |         |
| City & State  |         | City & State              |         |
| Zip   | Country | Zip                       | Country |

1st MOORE CR2E003 (10/06)

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>59-3759157 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>                    |  |
| KIRKPATRICK, RICHARD C<br>1286 SOUTH FLORIDA AVENUE<br>ROCKLEDGE FL 32955 |  |

|  |          |
|--|----------|
| <b>7. Name and Address of New Registered Agent</b> |          |
| 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 registrant agent and title if applicable. **DATE** \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 |                        |
|---------------------------------|--|--------------------------|------------------------|
| <b>DOCUMENT #</b>               | <b>NAME</b><br>KIRKPATRICK, RICHARD C<br>1286 SOUTH FLORIDA AVENUE<br>ROCKLEDGE FL 32955 | <b>STREET ADDRESS</b>    | <b>CITY - ST - ZIP</b> |
| <b>DOCUMENT #</b>               | <b>NAME</b><br>SEQUEIRA, MARIO J<br>1286 SOUTH FLORIDA AVENUE<br>ROCKLEDGE FL 32955      | <b>STREET ADDRESS</b>    | <b>CITY - ST - ZIP</b> |
| <b>DOCUMENT #</b>               | <b>NAME</b><br>SPICER, MICHAEL S<br>1286 SOUTH FLORIDA AVENUE<br>ROCKLEDGE FL 32955      | <b>STREET ADDRESS</b>    | <b>CITY - ST - ZIP</b> |
| <b>DOCUMENT #</b>               | <b>NAME</b>  | <b>STREET ADDRESS</b>    | <b>CITY - ST - ZIP</b> |
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| <b>DOCUMENT #</b>               | <b>NAME</b>  | <b>STREET ADDRESS</b>    | <b>CITY - ST - ZIP</b> |

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02/02/07-80051-019 500.00

**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:** Paulo Aguiar / Partner **1/26/07** **321-636-7780**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE