2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # A01000001485

1. Entity Name
DERMATOLOGY ASSOCIATES OF BREVARD, LLLP

Principal Place of Business	Mailing Address
1286 SOUTH FLORIDA AVENUE ROCKLEDGE, FL 32955	1286 SOUTH FLORIDA AVENUE ROCKLEDGE, FL 32955

03212008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

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

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

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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 #	
NAME	KIRKPATRICK, RICHARD C
STREET ADDRESS	1286 SOUTH FLORIDA AVENUE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
DOCUMENT #	
NAME	SEQUEIRA, MARIO J
STREET ADDRESS	1286 SOUTH FLORIDA AVENUE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
DOCUMENT #	
NAME	SPICER, MICHAEL S
STREET ADDRESS	1286 SOUTH FLORIDA AVENUE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STAPLE CHECK HERE

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: Mario Sequeira MARIO SEQUEIRA GENERAL PARTNER 3-31-08 321-636-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #