

A05000000370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

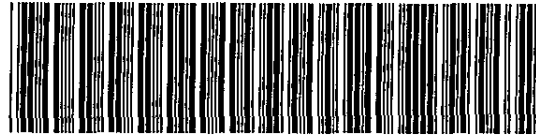
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*SK*

Office Use Only



600046618276

02/18/05--01001--006 \*\*87.50

FILED  
05 FEB 17 AM 7:51  
TALLAHASSEE, FLORIDA  
STATE  
CLERK

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 CORAL WAY, 4<sup>TH</sup> FLOOR

(Address)

MIAMI, FL 33145 (305) 854-6000

(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED  
05 FEB 17 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Comprehensive Breast Cancer Limited Partnership  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
COMPREHENSIVE BREAST CENTER LIMITED  
PARTNERSHIP  
a Florida limited partnership**

FILED  
05 FEB 17 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1993), hereby states:

**ARTICLE 1 - NAME**

The name of the Partnership is COMPREHENSIVE BREAST CENTER LIMITED PARTNERSHIP

**ARTICLE 2 - OFFICE ADDRESS**

The address of the office of the Partnership is 6401 Southwest 87 Avenue, Suite 122, Miami, Florida 33173.

**ARTICLE 3 - MAILING ADDRESS**

The mailing address of the Partnership is 7200 Northwest 7 Street, Suite 200, Miami, Florida 33126.

**ARTICLE 4 - GENERAL PARTNER**

PU4600172341

The name and business address of the general partner is Comprehensive Breast Center, Inc., a Florida corporation, 7200 Northwest 7 Street, Suite 200, Miami, Florida 33126.

**ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT**

The initial address of registered office of this Partnership is Spiegel & Utrera, P.A., located at 1840 Southwest 22 Street, 4th Floor, Miami, Florida 33145. The name and address of the registered agent of this Partnership is Spiegel & Utrera, P.A., located at 1840 Southwest 22 Street, 4th Floor, Miami, Florida 33145.

**ARTICLE 6-DISSOLUTION**

The latest date upon which the Partnership shall dissolve is twenty years from the date of filing of this Certificate of Limited Partnership with the Florida Secretary of State.



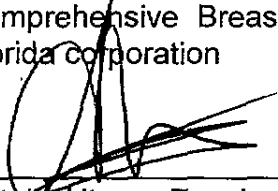
**SPIEGEL & UTRERA, P.A.**  
LAWYERS

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**IN WITNESS WHEREOF**, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of COMPREHENSIVE BREAST CENTER LIMITED PARTNERSHIP this \_\_\_\_ February 2005.

**GENERAL PARTNER:**

Comprehensive Breast Center, Inc., a  
Florida corporation

  
\_\_\_\_\_  
Natalia Utrera, Esquire  
Authorized Agent and Attorney at Law

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as statutory registered agent for COMPREHENSIVE BREAST CENTER LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, We hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent. Spiegel & Utrera, P.A., having a business office identical with the registered office of the Partnership name above, and having been designated as the Registered Agent in the above and foregoing Certificate of Limited Partnership, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

Spiegel & Utrera, P.A.

  
By: \_\_\_\_\_  
Natalia Utrera, Vice-President



**SPIEGEL & UTRERA, P.A.**  
LAWYERS

[www.amerilawyer.com](http://www.amerilawyer.com)

1840 CORAL WAY, 4TH FLOOR, MIAMI, FL 33145 - (305) 854-6000 - (800) 603-3900 - FACSIMILE (305) 857-3700  
MAILING ADDRESS - POST OFFICE BOX 450605, MIAMI, FL 33245-0605

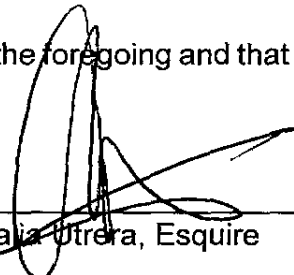
**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

**STATE OF FLORIDA  
COUNTY OF MIAMI-DADE**

**BEFORE ME**, the undersigned authority, personally appeared Natalia Utrera, Authorized Agent and Attorney at Law of Comprehensive Breast Center, Inc., a Florida corporation, the general partner of COMPREHENSIVE BREAST CENTER LIMITED PARTNERSHIP (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, One Thousand Dollars and 00/100 (\$1,000.00) Dollars.
2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

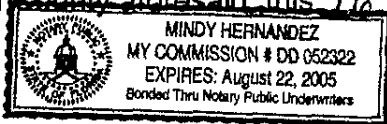
Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

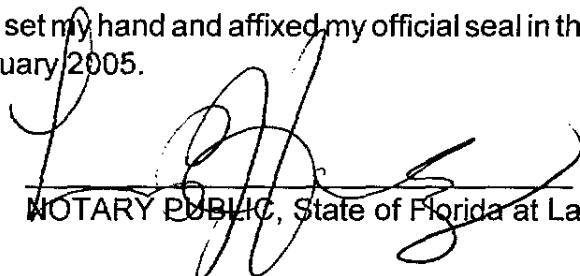
  
\_\_\_\_\_  
Natalia Utrera, Esquire

Dated this \_\_\_\_ February 2005

**BEFORE ME**, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Natalia Utrera, known to me to be the person who executed the foregoing Affidavit of Capital Contributions, and she acknowledged to me and before me that she executed this Affidavit as Authorized Agent and Attorney at Law of Comprehensive Breast Center, Inc., a Florida corporation, sole General Partner of COMPREHENSIVE BREAST CENTER LIMITED PARTNERSHIP.

**IN WITNESS WHEREOF**, I have set my hand and affixed my official seal in the State and County aforesaid this 16 February 2005.



  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida at Large

(SEAL)



**SPIEGEL & UTRERA, P.A.**  
LAWYERS

www.amerilawyer.com

1840 CORAL WAY, 4TH FLOOR, MIAMI, FL 33145 - (305) 854-6000 - (800) 603-3900 - FACSIMILE (305) 857-3700  
MAILING ADDRESS - POST OFFICE BOX 450605, MIAMI, FL 33245-0605