


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A05000000370**

1. Entity Name  
**COMPREHENSIVE BREAST CENTER LIMITED PARTNERSHIP**



Principal Place of Business 6401 SOUTHWEST 87 AVENUE, SUITE 122 MIAMI, FL 33173	Mailing Address 6401 SOUTHWEST 87 AVENUE, SUITE 122 MIAMI, FL 33173
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**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-LP      CR2E003 (12/06)

4. FEI Number 02-0739083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ALMEIDA, YVETTE M P  
 6401 SW 87 AVE  
 122  
 MIAMI, FL 33173

**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: *Yvette Almeida*      DATE: 3/16/07

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	P04000172341
NAME	COMPREHENSIVE BREAST CENTER, INC.
STREET ADDRESS	6401 SOUTHWEST 87 AVENUE, SUITE 122
CITY-ST-ZIP	MIAMI, FL 33173
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000673051  
 03/29/07-80010-019 500.00

**DO NOT WRITE IN THIS SPACE**

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: *Yvette Almeida*      DATE: 3/16/07      Daytime Phone #: 305 271 8502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #