

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000370

**FILED**  
**Feb 10, 2009**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE BREAST CENTER LIMITED PARTNERSHIP

**Current Principal Place of Business:**

6401 SOUTHWEST 87 AVENUE, SUITE 122  
MIAMI, FL 33173

**New Principal Place of Business:**

6401 SW 87 AVE, SUITE 122  
MIAMI, FL 33173

**Current Mailing Address:**

6401 SOUTHWEST 87 AVENUE, SUITE 122  
MIAMI, FL 33173

**New Mailing Address:**

6401 SW 87 AVE, SUITE 122  
MIAMI, FL 33173

**FEI Number:** 02-0739083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: YVETTE ALMEIDA

02/10/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P04000172341  
Name: COMPREHENSIVE BREAST CENTER, INC.  
Address: 6401 SOUTHWEST 87 AVENUE, SUITE 122  
City-St-Zip: MIAMI, FL 33173

**ADDRESS CHANGES ONLY:**

Address: 6401 SW 87 AVE, SUITE 122  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

P

02/10/2009

Electronic Signature of Signing General Partner

Date