

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000370

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

6401 SW 87 AVE, SUITE 122  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

6401 SW 87 AVE, SUITE 122  
MIAMI, FL 33173

**New Mailing Address:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date