

2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000370

FILED
Apr 27, 2012
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

04/27/2012

Electronic Signature of Signing General Partner

Date