

2013 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# A05000000370

FILED
Dec 16, 2013
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:

6401 SW 87 AVE, SUITE 122
MIAMI, FL 33173 UN

Current Mailing Address:

6401 SW 87 AVE, SUITE 122
MIAMI, FL 33173

New Mailing Address:

6401 SW 87 AVE, SUITE 122
APT 1204
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 A P
6401 SW 87 AVE
122
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

POZO, GRACIELA C 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: GRACIELA POZO

12/16/2013

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: GRACIELA POZO

P

12/16/2013

Electronic Signature of Signing General Partner

Date