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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

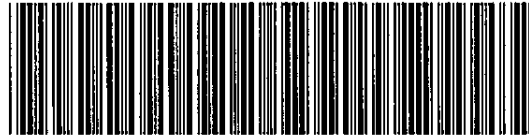
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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GOVERNMENT OF FLORIDA  
TALLAHASSEE, FLORIDA

↓ Delivers FEB 18 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Comprehensive Breast Center Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05000000370

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Alvaro Rauseo  
Contact Person  
Comprehensive Breast Center Limited Partnership  
Firm/Company  
9090 SW 87 Ct # 102  
Address  
Miami, FL 33176  
City, State and Zip Code  
alvarogv@mpgmiami.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvaro Rauseo at ( 305 ) 279-7275  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Comprehensive Breast Center Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 2/17/2005 3. A05000000370  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Graciela C. Pozo  
Name  
6401 SW 87 Ave # 122  
Address  
Miami, FL 33173  
City, State and Zip

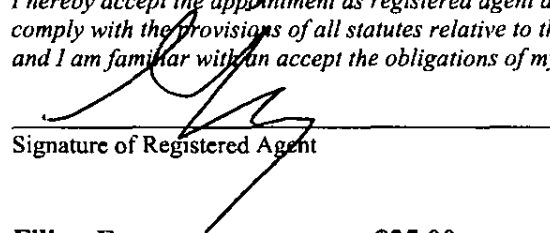
5. The name and Florida street address of the new registered agent and/or office:

Graciela C. Pozo  
Name  
9090 SW 87 Ct # 102  
Florida street address (P.O. Box not acceptable)  
Miami FL 33176  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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TALLAHASSEE, FLORIDA