

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A32047.**

1. Entity Name  
**MEDICAL MULTI-SPECIALTY LTD.**



Principal Place of Business  
**4201 PALM AVE., SUITE 2-D  
HIALEAH, FL 33012**

Mailing Address  
**4201 PALM AVE., SUITE 2-D  
HIALEAH, FL 33012**



04102006 No Chg-LP

CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0303989**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RUBEN DELGADO SR.  
4201 PALM AVE., SUITE 102  
HIALEAH, FL 33012**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **S28858**  
NAME **MULTI-SPECIALTY CORP.**  
STREET ADDRESS **4201 PALM AVE., #2-D**  
CITY-ST-ZIP **HIALEAH, FL 33012**

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U00000505936  
04/27/06-80001-022 500.00

**DO NOT WRITE  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE