

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A32047

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0303989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUBEN DELGADO SR.  
4201 PALM AVE., SUITE 102  
HIALEAH, FL 33012 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 #: S28958  
Name: MULTI-SPECIALTY CORP.  
Address: 4201 PALM AVE., #2-D  
City-St-Zip: HIALEAH, FL 33012

**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: RUBEN DELGADO SR

PRES

02/19/2010

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

\_\_\_\_\_  
Date