

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # B95000000314

1. Entity Name
**THE OPHTHALMOLOGY CENTER OF BREVARD,
LIMITED PARTNERSHIP**



Principal Place of Business
**502 EAST NEW HAVEN
MELBOURNE, FL 32901**

Mailing Address
**502 EAST NEW HAVEN
MELBOURNE, FL 32901**



04062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1546274

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROUSSARD, WILLIAM J
502 EAST NEW HAVEN
MELBOURNE, FL 32901**

**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 title 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 # **L04000006679**
NAME **ASC OF BREVARD, II, L.L.C.**
STREET ADDRESS **502 EAST NEW HAVEN**
CITY - ST - ZIP **MELBOURNE, FL 32901**

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U00000554239
05/15/06-80084-018 508.75

**DO NOT WRITE
IN THIS SPACE**

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

William J. BROUSSARD 4-26-06 321-726-4000

Date

Daytime Phone #

STAPLE CHECK HERE