2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT #	B95000000314
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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



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4. FEI Number
62-1546274 Applied For
Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

STAPLE CHECK HERE

SIGNATURE:

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. 100000753713 1000000000000000000000000000000000000		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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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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		