

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Apr 29, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # B95000000314**

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



Principal Place of Business <b>502 EAST NEW HAVEN MELBOURNE, FL 32901</b>	Mailing Address <b>502 EAST NEW HAVEN MELBOURNE, FL 32901</b>
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**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>62-1546274</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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NAME	
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CITY - ST - ZIP	

U00000933331  
05/22/08-80091-018 508.75

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:**  **Mar.**      **4-23-08 321-726-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #