2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# B95000000314

Entity Name: THE OPHTHALMOLOGY CENTER OF BREVARD, LIMITED PARTNERSHIP

Current Principal Place of Business:

502 EAST NEW HAVEN
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

502 EAST NEW HAVEN
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 62-1546274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROUSSARD, WILLIAM J
502 EAST NEW HAVEN
MELBOURNE, FL 32901 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 #: L04000006679
Name: ASC OF BREVARD, II, L.L.C.
Address: 502 EAST NEW HAVEN
City-St-Zip: MELBOURNE, FL 32901

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM J. BROUSSARD MGR 04/28/2009

Electronic Signature of Signing General Partner — Date