

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000370

**Entity Name:** COMPREHENSIVE BREAST CENTER LIMITED PARTNERSHIP

**Current Principal Place of Business:**

6401 SW 87 AVE, SUITE 122  
MIAMI, FL 33173

**Current Mailing Address:**

6401 SW 87 AVE, SUITE 122  
APT 1204  
MIAMI, FL 33173

**FEI Number:** 02-0739083

**Certificate of Status Desired:** Yes

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

POZO, GRACIELA C P  
6401 SW 87 AVE  
122  
MIAMI, FL 33173 US

*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 Detail :**

Document # P04000172341  
Name COMPREHENSIVE BREAST CENTER,  
INC.  
Address 6401 SW 87 AVE, SUITE 122  
City-State-Zip: MIAMI FL 33173

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GRACIELA C POZO

**PRESIDENT**

**04/10/2014**

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

\_\_\_\_\_  
Date