

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000370

**FILED  
Apr 28, 2017  
Secretary of State  
CC7088146058**

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

**Current Principal Place of Business:**

9090 SW 87 COURT  
SUITE 102  
MIAMI, FL 33176

**Current Mailing Address:**

P.O. BOX 160608  
MIAMI, FL 33116-0608 US

**FEI Number: 02-0739083**

**Certificate of Status Desired: No**

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

GARCIA, ARLENE  
9090 SW 87 CT  
SUITE 102  
MIAMI, FL 33176 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:** ARLENE GARCIA

**04/28/2017**

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #	P04000172341	Document #	
Name	COMPREHENSIVE BREAST CENTER, INC.	Name	GARCIA VILLEGAS, ALVARO
Address	9090 SW 87TH COURT SUITE 102	Address	9090 SW 87 COURT SUITE 102
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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:** ARLENE GARCIA

**PRESIDENT**

**04/28/2017**

Electronic Signature of Signing General Partner Detail

Date