

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000370

**FILED**  
**Mar 26, 2015**  
**Secretary of State**  
**CC6600456240**

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

**Current Principal Place of Business:**

9090 SW 87TH COURT #102  
MIAMI, FL 33176

**Current Mailing Address:**

9090 SW 87 CT, SUITE 102  
MIAMI, FL 33176 US

**FEI Number: 02-0739083**

**Certificate of Status Desired: Yes**

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

POZO, GRACIELA C  
9090 SW 87 CT #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:** \_\_\_\_\_

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

Document #  
Name GARCIA VILLEGAS, ALVARO  
Address 6734 NW 107 PL  
City-State-Zip: DORAL FL 33178

*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: GARCIA VILLEGAS, ALVARO**

**P**

**03/26/2015**

Electronic Signature of Signing General Partner Detail

Date