

2002 UNIFORM BUSINESS REPORT (UBR)

0016103 AT

DOCUMENT # A99000001320
 1. Entity Name
402 JEFFORDS STREET LIMITED PARTNERSHIP, L.L.P.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 APR 22 PM 4:03



Principal Place of Business
**402 JEFFORDS STREET
 CLEARWATER FL 33756**

Mailing Address
~~2320 CURLEW ROAD, SUITE 7E
 PALM HARBOR FL 34683~~

2. Principal Place of Business
 Suite, Apt. #, etc.
Suite C

3. Mailing Address
1011 Jeffords St.

City & State
Clearwater, FL

Zip
33756

DUE BY MAY 1, 2002

4. FEI Number **59-3591634**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GASSMAN, ALAN S
 1245 COURT STREET, SUITE 102
 CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$150,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	ABDO, RICHARD M.D.
NAME	1011 JEFFORDS STREET, SUITE C
STREET ADDRESS	CLEARWATER FL 33756
CITY-ST-ZIP	
DOCUMENT #	HUGHES, W. ALLEN M.D.
NAME	1305 SOUTH FT. HARRISON AVENUE
STREET ADDRESS	CLEARWATER FL 33756
CITY-ST-ZIP	
DOCUMENT #	SCHWAB, THOMAS O M.D.
NAME	1528 LAKEVIEW ROAD
STREET ADDRESS	CLEARWATER FL 33756
CITY-ST-ZIP	
DOCUMENT #	MOSKOVITZ, GARY M.D.
NAME	1528 LAKEVIEW ROAD
STREET ADDRESS	CLEARWATER FL 33756
CITY-ST-ZIP	
DOCUMENT #	PIAZZA, MICHAEL M.D.
NAME	1011 JEFFORDS STREET, SUITE C
STREET ADDRESS	CLEARWATER FL 33756
CITY-ST-ZIP	
DOCUMENT #	ROTHBERG, MICHAEL M.D.
NAME	1528 LAKEVIEW ROAD
STREET ADDRESS	CLEARWATER FL 33756
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005350073--9
CITY-ST-ZIP	-04/26/02--01005--017 ***526.25 ***526.25
STREET ADDRESS	380 Park Place Blvd, Suite 150
CITY-ST-ZIP	Clearwater, FL 33759
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **SIGNATURE REQUIRED** **4/17/02 257-446-5993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE