

2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000001320

FILED
Jan 06, 2010
Secretary of State

Entity Name: 402 JEFFORDS STREET LIMITED PARTNERSHIP, L.L.P.

Current Principal Place of Business:

402 JEFFORDS STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1011 JEFFORDS STREET
SUITE C
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3591634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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:

ADDRESS CHANGES ONLY:

Document #:

Name: ABDO, RICHARD M.D.
Address: 1011 JEFFORDS STREET, SUITE C
City-St-Zip: CLEARWATER, FL 33756

Address:
City-St-Zip:

Document #:

Name: HUGHES, W. ALLEN M.D.
Address: 1011 JEFFORDS STREET, SUITE C
City-St-Zip: CLEARWATER, FL 33756

Address:
City-St-Zip:

Document #:

Name: SCHWAB, THOMAS O M.D.
Address: 430 MORTON PLANT STREET, SUITE 301
City-St-Zip: CLEARWATER, FL 33756

Address:
City-St-Zip:

Document #:

Name: MOSKOVITZ, GARY M.D.
Address: 380 PARK PLACE BLVD., SUITE 150
City-St-Zip: CLEARWATER, FL 33759

Address:
City-St-Zip:

Document #:

Name: PIAZZA, MICHAEL M.D.
Address: 1011 JEFFORDS STREET, SUITE C
City-St-Zip: CLEARWATER, FL 33756

Address:
City-St-Zip:

Document #:

Name: ROTHBERG, MICHAEL M.D.
Address: 430 MORTON PLANT STREET, SUITE 301
City-St-Zip: CLEARWATER, FL 33756

Address:
City-St-Zip:

I hereby 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: MICHAEL R. PIAZZA, M.D.

Electronic Signature of Signing General Partner

01/06/2010

_____ Date