

# 2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000001320

FILED  
Apr 20, 2012  
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:**

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 PIAZZA, M.D.

GP

04/20/2012

Electronic Signature of Signing General Partner

\_\_\_\_\_ Date