

2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000520

Entity Name: OYSTER MANAGEMENT SERVICES, LTD.

Current Principal Place of Business:

C/O SASSON MOULAVI
190 E GLADES RD SUITE E
BOCA RATON, FL 33432

Current Mailing Address:

C/O SASSON MOULAVI
190 E GLADES RD SUITE E
BOCA RATON, FL 33432 US

FEI Number: 65-1180398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOULAVI, SASSON
190 E GLADES RD
SUITE E
BOCA RATON, FL 33432 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 #

Name SASSON MOULAVI, M.D.

Address 190 E GLADES RD
SUITE E

City-State-Zip: BOCA RATON FL 33432

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: SASSON MOULAVI

MANAGER

04/30/2013

_____ Electronic Signature of Signing General Partner Detail

_____ Date