

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000520

**Entity Name:** OYSTER MANAGEMENT SERVICES, LTD.

**Current Principal Place of Business:**

C/O SASSON MOULAVI  
3196 NORTH FEDERAL HWY  
BOCA RATON, FL 33431

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC0181837911**

**Current Mailing Address:**

C/O SASSON MOULAVI  
3196 NORTH FEDERAL HWY  
BOCA RATON, FL 33431 US

**FEI Number: 65-1180398**

**Certificate of Status Desired: No**

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

MOULAVI, SASSON  
C/O SASSON MOULAVI  
3196 NORTH FEDERAL HWY  
BOCA RATON, FL 33431 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 3196 NORTH FEDERAL HWY

City-State-Zip: BOCA RATON FL 33431

*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**

**PRESIDENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date