

**2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000001320

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

**Current Principal Place of Business:**

402 JEFFORDS STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

1011 JEFFORDS STREET  
SUITE C  
CLEARWATER, FL 33756 US

**FEI Number:** 59-3591634

**Certificate of Status Desired:** No

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

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

01/17/2018

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

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

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

Document #  
Name SCHWAB, THOMAS OM.D.  
Address 600 PONCE DE LEON BLVD.  
City-State-Zip: BELLEAIR FL 33756

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

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

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

Document #  
Name SCHWARTZ, CRAIG M.D.  
Address 1528 LAKEVIEW ROAD  
City-State-Zip: CLEARWATER FL 33756

Document #  
Name VLAHOS, THEODORE PM.D.  
Address 1305 SOUTH FT. HARRISON AVENUE  
City-State-Zip: CLEARWATER FL 33756

**Continues on page 2**

*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:** MICHAEL PIAZZA

**PARTNER**

01/17/2018

Electronic Signature of Signing General Partner Detail

Date

**General Partner Detail Continued :**

Document #

Name KILGORE, JOHN MD

Address 1336 INDIAN ROCKS RD

City-State-Zip: BELLEAIR FL 33756