

**2020 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

01/24/2020

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #  
Name ABDO, RICHARD M.D.  
Address 422 BUTTON WOOD LANE  
City-State-Zip: LARGO FL 33770

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 4932 ST. CROIX DRIVE  
City-State-Zip: TAMPA FL 33629

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 5034 CROSS POINT DRIVE  
City-State-Zip: OLDSMAR FL 34677

Document #  
Name VLAHOS, THEODORE PM.D.  
Address 1612 HAMPTON COURT  
City-State-Zip: SAFETY HARBOR FL 34695

**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**

01/24/2020

Electronic Signature of Signing General Partner Detail

Date

**General Partner Detail Continued :**

Document #

Name KILGORE, JOHN MD

Address 1566 PRESERVE WAY

City-State-Zip: CLEARWATER FL 33764