## 2016 FLORIDA LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# A99000001320

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

**FILED** Apr 26, 2016 **Secretary of State** CR6258606824

## **Current Principal Place of Business:**

402 JEFFORDS STREET CLEARWATER, FL 33756

## **Current Mailing Address:**

1011 JEFFORDS STREET

SUITE C

CLEARWATER, FL 33756

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 04/26/2016

> Date Electronic Signature of Registered Agent

**General Partner Detail:** 

Document # Document #

Name ABDO, RICHARD M.D. Name HUGHES, W. ALLEN M.D.

Address 1011 JEFFORDS STREET, SUITE C Address 1011 JEFFORDS STREET, SUITE C

CLEARWATER FL 33756 City-State-Zip: City-State-Zip: CLEARWATER FL 33756

Document # Document #

Name MOSKOVITZ, GARY M.D. SCHWAB, THOMAS OM.D. Name

380 PARK PLACE BLVD., SUITE 150 Address 430 MORTON PLANT STREET, SUITE Address

CLEARWATER FL 33759 City-State-Zip: City-State-Zip: CLEARWATER FL 33756

Document #

Document # ROTHBERG, MICHAEL M.D. Name Name PIAZZA, MICHAEL M.D.

430 MORTON PLANT STREET, SUITE Address 1011 JEFFORDS STREET, SUITE C Address

City-State-Zip: CLEARWATER FL 33756 CLEARWATER FL 33756 City-State-Zip:

Document # Document #

Name VLAHOS, THEODORE PM.D. Name SCHWARTZ, CRAIG M.D.

1305 SOUTH FT. HARRISON AVENUE Address Address 1528 LAKEVIEW ROAD

City-State-Zip: CLEARWATER FL 33756 City-State-Zip: CLEARWATER FL 33756

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 R PIAZZA, MD

MANAGING PARTNER

04/26/2016