

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A03000001148**

1. Entity Name  
**OXFORD MEDICAL GROUP, LTD.**



**FILED**

04 APR 30 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1998 SOUTH EAST 17TH COURT  
POMPANO BEACH, FL 33062**

Mailing Address  
**1998 SOUTH EAST 17TH COURT  
POMPANO BEACH, FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092004 Chg-LP CR2E003 (10/03)



City & State

City & State

4. FEI Number  
**35-2212080**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEFFINE, MARK A  
1998 SOUTH EAST 17TH COURT  
POMPANO BEACH, FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$141.25**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L03000029577**  
NAME **OXFORD MEDICAL GROUP, LLC**  
STREET ADDRESS **1998 SOUTH EAST 17TH COURT**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**877-944-7711**  
**X802**

STAPLE CHECK HERE