

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A13143

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** TAMPA MEDICAL ARTS, LTD.

**Current Principal Place of Business:**

218 MYRTLE RIDGE ROAD  
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 698  
LUTZ, FL 33548

**New Mailing Address:**

**FEI Number:** 59-2265579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VAUGHAN, LESTER  
218 MYRTLE RIDGE ROAD  
LUTZ, FL 33549 US

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

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 INFORMATION:**

Document #: P00000116421  
Name: TAMPA MEDICAL ARTS COMPANY  
Address: 218 MYRTLE RIDGE RD  
City-St-Zip: LUTZ, FL 33549

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this 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.

SIGNATURE: LESTER VAUGHAN

PRES

01/05/2012

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

\_\_\_\_\_  
Date