

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 9:45

**DOCUMENT # A26239**

1. Entity Name  
BUFFALO AVENUE MEDICAL LIMITED PARTNERSHIP



Principal Place of Business  
508 W DR MARTIN LUTHER KING, JR BLVD  
SUITE A  
TAMPA, FL 33603

Mailing Address  
508 W DR MARTIN LUTHER KING, JR BLVD  
SUITE A  
TAMPA, FL 33603

**DO NOT WRITE IN THIS SPACE**

03072006 No Chg-LP CR2E003 (11/05)

4. FEI Number  
59-2953061

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GILMORE, RICARDO L ESQ.  
201 EAST KENNEDY BLVD.  
600  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TEMPLE, DONALD F  
508 W M.L. KING JR. BLVD  
TAMPA, FL

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

500069065445  
03/30/06--01063--005 \*\*508.75

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

PLEASE CHECK HERE

*[Signature]*

3/10/06