

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 1:57

DOCUMENT # A26239	
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
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1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2953061	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name CHRISTOPHER E OSIMEN, CPA Street Address (P.O. Box Number is Not Acceptable) 1209 W. Linebaugh Ave City TAMPA FL Zip Code 33612

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 *Christopher E Osimen CPA* DATE 03/01/08

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

FILE NOW!!! Fee is \$500.* After May 1, 2008, fee will be \$900.*** Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
	TEMPLE, DONALD F		
STREET ADDRESS	508 W M.L. KING JR. BLVD	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA FL		900122543239
DOCUMENT #	NAME	STREET ADDRESS	04/08/08--01011--008 **508.75
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STAPLE CHECK HERE

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: *Wesley* DATE 3/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #