

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A26239

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** BUFFALO AVENUE MEDICAL LIMITED PARTNERSHIP

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2953061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OSIMEN, CHRISTOPHER E  
1209 W LINEBAUGH AVE  
TAMPA, FL 33612 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 #:

Name: TEMPLE, DONALD F

Address: 508 W M.L. KING JR. BLVD

City-St-Zip: TAMPA, FL

**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: DONALD TEMPLE

G

02/18/2010

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

\_\_\_\_\_  
Date