

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

**DOCUMENT # A93000000178**

1. Entity Name  
**DOCTORS' MEDICAL PLAZA ASSOCIATES, LTD.**



Principal Place of Business  
**6450 38TH AVENUE NORTH, SUITE 200  
ST. PETERSBURG, FL 33710**

Mailing Address  
**6450 38TH AVENUE NORTH, SUITE 200  
ST. PETERSBURG, FL 33710**



04022008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3124439**

Applied For
Not Applicable

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

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

**CARLSON, JEFFREY K  
6450 38TH AVENUE NORTH, SUITE 200  
ST. PETERSBURG, FL 33710**

**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, 2008, 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 #	<b>P97000107931</b>
NAME	<b>DOCTORS' MEDICAL PLZA MGMT OF PIN CO, INC.</b>
STREET ADDRESS	<b>6450 38TH AVE. NORTH SUITE 200</b>
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33710</b>

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**300125590699**  
**04/24/08--01035--017 \*\*500.00**

**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 #

STAPLE CHECK HERE