

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A93000000178

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3124439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLSON, JEFFREY K  
6450 38TH AVENUE NORTH, SUITE 200  
ST. PETERSBURG, FL 33710 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 #: P97000107931  
Name: DOCTORS' MEDICAL PLZA MGMT OF PIN CO, INC.  
Address: 6450 38TH AVE. NORTH SUITE 200  
City-St-Zip: ST. PETERSBURG, FL 33710

**ADDRESS CHANGES ONLY:**

Address: 6450 38TH AVE. NORTH, SUITE 200  
City-St-Zip: ST. PETERSBURG, FL 33710

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: JEFFREY K. CARLSON

DR.

02/15/2010

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

\_\_\_\_\_  
Date