


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001320			
1. Entity Name 402 JEFFORDS STREET LIMITED PARTNERSHIP, LLP.			
Principal Place of Business 402 JEFFORDS STREET CLEARWATER FL 33756		Mailing Address 1011 JEFFORDS ST., SUITE C CLEARWATER FL 33756	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>			
9. Capital Contributions as Shown on record. \$150,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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	
NAME	ABDO, RICHARD M.D.	CITY - ST - ZIP	
STREET ADDRESS	1011 JEFFORDS STREET, SUITE C		
CITY - ST - ZIP	CLEARWATER FL 33756		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	HUGHES, W. ALLEN M.D.	CITY - ST - ZIP	
STREET ADDRESS	1305 SOUTH FT. HARRISON AVENUE		
CITY - ST - ZIP	CLEARWATER FL 33756		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SCHWAB, THOMAS O M.D.	CITY - ST - ZIP	
STREET ADDRESS	1528 LAKEVIEW ROAD		
CITY - ST - ZIP	CLEARWATER FL 33756		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MOSKOVITZ, GARY M.D.	CITY - ST - ZIP	
STREET ADDRESS	380 PARK PLACE BLVD., SUITE 150		
CITY - ST - ZIP	CLEARWATER FL 33759		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PIAZZA, MICHAEL M.D.	CITY - ST - ZIP	
STREET ADDRESS	1011 JEFFORDS STREET, SUITE C		
CITY - ST - ZIP	CLEARWATER FL 33756		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ROTHBERG, MICHAEL M.D.	CITY - ST - ZIP	
STREET ADDRESS	1528 LAKEVIEW ROAD		
CITY - ST - ZIP	CLEARWATER FL 33756		



MOORE CR2E003 (11/03)

4. FEI Number 59-3591634 ☐ **Applied For**
☐ **Not Applicable**

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

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

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

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CLEARWATER FL 33756

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CLEARWATER FL 33756

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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