

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000001320

1. Entity Name
402 JEFFORDS STREET LIMITED PARTNERSHIP, L.L.P.



Principal Place of Business
**402 JEFFORDS STREET
CLEARWATER, FL 33756**

Mailing Address
**1011 JEFFORDS STREET
SUITE C
CLEARWATER, FL 33756**



01232007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3591634

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756**

**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, 2007, Fee will be \$900.00

000000611158
02/02/07-80049-019 500.00

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 #	
NAME	ABDO, RICHARD M.D.
STREET ADDRESS	1011 JEFFORDS STREET, SUITE C
CITY-ST-ZIP	CLEARWATER, FL 33756
DOCUMENT #	
NAME	HUGHES, W. ALLEN M.D.
STREET ADDRESS	1011 JEFFORDS STREET, SUITE C
CITY-ST-ZIP	CLEARWATER, FL 33756
DOCUMENT #	
NAME	SCHWAB, THOMAS O M.D.
STREET ADDRESS	430 MORTON PLANT STREET, SUITE 301
CITY-ST-ZIP	CLEARWATER, FL 33756
DOCUMENT #	
NAME	MOSKOVITZ, GARY M.D.
STREET ADDRESS	380 PARK PLACE BLVD., SUITE 150
CITY-ST-ZIP	CLEARWATER, FL 33759
DOCUMENT #	
NAME	PIAZZA, MICHAEL M.D.
STREET ADDRESS	1011 JEFFORDS STREET, SUITE C
CITY-ST-ZIP	CLEARWATER, FL 33756
DOCUMENT #	
NAME	ROTHBERG, MICHAEL M.D.
STREET ADDRESS	430 MORTON PLANT STREET, SUITE 301
CITY-ST-ZIP	CLEARWATER, FL 33756

**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:

Michael R. Piazza M.D. 1/24/07 727-446-5993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE