

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001508

FILED
Jun 13, 2007
Secretary of State

Entity Name: SUMMERLIN PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

10961 CHAMPIONSHIP DRIVE
FORT MYERS, FL 33913

New Principal Place of Business:

15050 ELDERBERRY LANE
SUITE 4
FORT MYERS, FL 33907

Current Mailing Address:

10961 CHAMPIONSHIP DRIVE
FORT MYERS, FL 33913

New Mailing Address:

15050 ELDERBERRY LANE
SUITE 4
FORT MYERS, FL 33907

FEI Number: 20-0563400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HURST, ROBERT A
10961 CHAMPIONSHIP DRIVE
FORT MYERS, FL 33913 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HURST, ROBERT A
Address: 10961 CHAMPIONSHIP DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM () Delete
Name: HURST, CONNY M
Address: 10961 CHAMPIONSHIP DRIVE
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT A HURST

MGRM

06/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date