## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000107412

11 NANCY RD

City-St-Zip: NANNETT, NY 10954

Address:

Entity Name: VIERA OAKS PROFESSIONAL CENTER, LLC

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	TRIDGE TRAI RNE, FL 3294			
Current Mailing Address:			New Mailing Address:	
P.O. BOX MELBOUF	410686 RNE, FL 3294	1		
FEI Number	: 14-1982343	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
3903 POS MELBOUF	TRIDGE TRAI RNE, FL 3294	1 US		
	named entity e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both
SIGNATUI	RE:			
	Electron	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM ( PSP OF BREV PO BOX 41068 MELBOURNE,	36	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM ( RRLS LLC, 28 MARSHALL FLORAL PARK		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	KJ VIERA, LLC 963 LOGGERH	) Delete ; ; IEAD ISLAND DRIVE ACH, FL 32937	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	MGRM (	) Delete	Title: Name	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: PAT GARAGOZLO MGR 01/05/2009