

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002171

FILED
Jul 01, 2004
Secretary of State

Entity Name: CLERMONT PROFESSIONAL CENTER LLC

Current Principal Place of Business:

349 N. U.S. HIGHWAY 27
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

349 N. U.S. HIGHWAY 27
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3661185 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALLYN, DAVID L M.D.
349 NORTH U.S. HIGHWAY 27
CLERMONT, FL 34711 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/MEMBERS:

Title: MGR () Delete
Name: ALLYN, DAVID L MD
Address: 349 N. U.S. HIGHWAY 27
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID L. ALLYN, M.D. MGR 07/01/2004

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