

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002171

FILED
Apr 19, 2005
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:

349 N. U.S. HIGHWAY 27
CLERMONT, FL 34714

Current Mailing Address:

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

New Mailing Address:

349 N. U.S. HIGHWAY 27
CLERMONT, FL 34714

FEI Number: 59-3661185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

ALLYN, DAVID L M.D.
349 NORTH U.S. HIGHWAY 27
CLERMONT, FL 34714 US

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: DAVID L ALLYN, MD

04/19/2005

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: MGR (X) Change () Addition
Name: ALLYN, DAVID L MD
Address: 349 N. U.S. HIGHWAY 27
City-St-Zip: CLERMONT, FL 34714

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. MD

MGR

04/19/2005

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