

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002192

FILED
Mar 18, 2005
Secretary of State

Entity Name: PSL PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

6698 S US HIGHWAY 1
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

8452 S US HIGHWAY 1
PORT ST. LUCIE, FL 34952

Current Mailing Address:

P.O. BOX 7696
PORT ST. LUCIE, FL 34985

New Mailing Address:

FEI Number: 65-1018426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHEN NAVARETTA, ESQ
1100 SW ST. LUCIE WEST BLVD.
SUITE 203
PORT ST. LUCIE,, FL 34986 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: MGRM () Delete
Name: SNYDER, WARD
Address: 18 HERONS NEST
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: KELLER, JAY
Address: 1880 SE PSL BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: WARD I. SNYDER TRUST, EE
Address: 18 HERONS NEST
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SNYDER, WARD
Address: 16 HERONS NEST
City-St-Zip: STUART, FL 34997

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 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: WARD I SNYDER

MGRM

03/18/2005

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