2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# L00000002192

Entity Name: PSL PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

8450 S US HIGHWAY 1
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

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/MANAGERS:

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

Title: MGRM ( ) Delete
Name: WARD I. SNYDER TRUST, EE
Address: 18 HERONS NEST
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: SNYDER, LEONARD
Address: 16 HERONS NEST
City-St-Zip: STUART, FL 34996

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: WARD I SNYDER MGRM 03/26/2008

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