

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002192

FILED  
Mar 19, 2009  
Secretary of State

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:**

600 N US HIGHWAY 1  
FORT PIERCE, FL 34950

**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: SNYDER, LEONARD  
Address: 16 HERONS NEST  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES:**

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 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

03/19/2009

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