

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000006705**

1. Entity Name
MIDPOINT PROFESSIONAL CENTER, LLC

FILED

01 JAN 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6687 KESTREL CIRCLE
FORT MYERS FL 33912**

Mailing Address
**6687 KESTREL CIRCLE
FORT MYERS FL 33912**

2. Principal Place of Business
1429 COLONIAL BLVD
Suite, Apt. #, etc.
201
City & State
FOAT MYERS FL

3. Mailing Address
1429 COLONIAL BLVD
Suite, Apt. #, etc.
201
City & State
FOAT MYERS, FL

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**FORRESTER, JAMES H
6687 KESTREL CIR.
FT. MYERS FL 33912**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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~~-01/30/01--01008--002~~
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORRESTER, JAMES H 6687 KESTREL CIR. FT. MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORRESTER, SUSSAN M 6687 KESTREL CIR. FT. MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLENKAMP, DENNIS J 4111 ORANGEGROVE BLVD. N. FT. MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITAKER, SCOTT C 4604 SW 5TH AVE. CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ DATE: **1-17-01** DAYTIME PHONE #: **941-339-1188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)