

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006705

FILED
Apr 28, 2009
Secretary of State

Entity Name: MIDPOINT PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

1429 COLONIAL BLVD.
SUITE 201
FORT MYERS, FL 339071060

New Principal Place of Business:

Current Mailing Address:

1429 COLONIAL BLVD.
SUITE 201
FORT MYERS, FL 339071060

New Mailing Address:

FEI Number: 65-1016291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORRESTER, JAMES H
6687 KESTREL CIR.
FT. MYERS, FL 33966 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: FORRESTER, JAMES H
Address: 6687 KESTREL CIR.
City-St-Zip: FT. MYERS, FL 33966

Title: MGRM () Delete
Name: FORRESTER, SUSAN M
Address: 6687 KESTREL CIR.
City-St-Zip: FT. MYERS, FL 33966

Title: MGRM () Delete
Name: FULLENKAMP, DENNIS J
Address: 12801 TREELINE CT
City-St-Zip: N. FT. MYERS, FL 33903

Title: MGRM (X) Delete
Name: WHITAKER, SCOTT C
Address: 4604 SW 5TH AVE.
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: WHITAKER, SCOTT C
Address: 4604 SW 5TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

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: JAMES H. FORRESTER

MGRM

04/28/2009

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