

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006705

**FILED**  
**Apr 11, 2012**  
**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  
Name: FORRESTER, JAMES H  
Address: 6687 KESTREL CIR.  
City-St-Zip: FT. MYERS, FL 33966

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

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

I hereby 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

04/11/2012

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