


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90131 034 ****50.00

DOCUMENT # L00000006705

1. Entity Name
MIDPOINT PROFESSIONAL CENTER, LLC



Principal Place of Business Mailing Address
1429 COLONIAL BLVD. **1429 COLONIAL BLVD.**
FORT MYERS FL 33907-1060 **FORT MYERS FL 33907-1060**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1016291** Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|---|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | FORRESTER, JAMES H | |
| STREET ADDRESS | 6687 KESTREL CIR. | |
| CITY-ST-ZIP | FT. MYERS FL 33912 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | FORRESTER, SUGGAN M <i>SUSAN</i> | |
| STREET ADDRESS | 6687 KESTREL CIR. | |
| CITY-ST-ZIP | FT. MYERS FL 33912 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | FULLENKAMP, DENNIS J | |
| STREET ADDRESS | 4111 ORANGEGROVE BLVD. | |
| CITY-ST-ZIP | N. FT. MYERS FL 33903 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | WHITAKER, SCOTT C | |
| STREET ADDRESS | 4604 SW 5TH AVE. | |
| CITY-ST-ZIP | CAPE CORAL FL 33914 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|----------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>SUSAN (NAME MISTAKED)</i> | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>FULLENKAMP, DENNIS J.</i> | |
| STREET ADDRESS | <i>12801 TACLINE CT.</i> | |
| CITY-ST-ZIP | <i>NORTH FORT MYERS FL 33903</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *[Signature]* **SIGNATURE REQUIRED** *1-382* *889-939-1188*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)