

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000001730**

1. Entity Name

WHITE CITY PROFESSIONAL PARK, L.C.



Principal Place of Business

4632 SOUTH 25TH STREET  
FORT PIERCE, FL 34981 US

Mailing Address

4632 SOUTH 25TH STREET  
FORT PIERCE, FL 34981 US



02132008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1147520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, RICHARD B M.D.  
281 MARINA DRIVE  
FORT PIERCE, FL 34949

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000837400  
03/04/08-80055-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ALLEN, RICHARD B M.D.
STREET ADDRESS	281 MARINA DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	VP
NAME	SLACK, CHRISTOPHER
STREET ADDRESS	4632 S 25TH ST
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	SEC
NAME	RICHARDS, MICHELE L
STREET ADDRESS	4632 S 25TH STREET
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #