

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019525

FILED  
Jan 23, 2007  
Secretary of State

**Entity Name:** NEWPORT PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

2106 S. LOIS AVE.  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

1913 S. OAKMONT AVE.  
TAMPA, FL 33629

**New Mailing Address:**

4214 W. EL PRADO BLVD.  
TAMPA, FL 33629

**FEI Number:** 02-0531043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHN, VANESSA N ESQ.  
1110 N. FLORIDA AVENUE  
TAMPA, FL 33602 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: P ( ) Delete  
Name: ABDONEY, DR MICHAEL  
Address: 1913 S OAKMONT AVE  
City-St-Zip: TAMPA, FL 33629

Title: ST ( ) Delete  
Name: ABOONEY, REBECCA  
Address: 1915 S OAKMONT AVE  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

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

Title: ST (X) Change ( ) Addition  
Name: ABDONEY, REBECCA  
Address: 1913 S OAKMONT AVE  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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:** REBECCA ABDONEY

ST

01/23/2007

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