2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# L01000020480

Entity Name: DEBARY PROFESSIONAL CENTER, L.L.C.

Current Principal Place of Business:

609 N. U.S. HIGHWAY 17-92, STE. 101
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

609 N. U.S. HIGHWAY 17-92
STE 105
DEBARY, FL 32713

New Mailing Address:

FEI Number: 90-0008924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEGROOD, MICHAEL E
609 N. U.S. HIGHWAY 17-92, STE. 105
DEBARY, FL 32713 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: DEGOOD, MICHAEL
Address: 609 N. HWY 17-92 STE. 105
City-St-Zip: DEBARY, FL 32713

Title: MGRM ( ) Delete
Name: DAY-OSTEEN, SHARON
Address: 609 N. HWY 17-92, STE. 101
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DEGROOD, MICHAEL
Address: 609 N. HWY 17-92 STE. 105
City-St-Zip: DEBARY, FL 32713

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: MICHAEL DEGROOD DR. 07/02/2007

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