

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90080 032 ****50.00

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # L02000011397 | | | | | |
| 1. Entity Name SPRING HILL PROFESSIONAL CENTER, LLC | | | | | |
| Principal Place of Business 5132 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY, FL 34642 | | | Mailing Address 5132 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY, FL 34642 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 04192005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 74-3045072 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KALISH, WILLIAM ESQ. C/O AKERMAN, SENTERFITT & EIDSON, P.A. 100 S ASHLEY DR STE 1500 TAMPA, FL 33602 | | | 7. Name and Address of New Registered Agent Name <u>Klimis, P.A. George No</u> Street Address (P.O. Box Number is Not Acceptable) <u>27 E. Orange Street</u> City <u>Tampa Springs</u> FL Zip Code <u>34689</u> | | |
| 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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/12/05</u> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BAIN, RUSSELL T 5132 US HWY 19 NORTH NEW PORT RICHEY, FL 34652 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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 <u>[Signature]</u> Date <u>4/12/05</u> Daytime Phone # | | |