


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90263 050 \*\*\*138.75

<b>DOCUMENT # L03000022012</b>	
1. Entity Name <b>VAN DYKE PROFESSIONAL CENTER, LLC.</b>	

Principal Place of Business <b>412 E. MADISON ST. STE. 1111 TAMPA, FL 33602</b>	Mailing Address <b>412 E. MADISON ST. STE. 1111 TAMPA, FL 33602</b>
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2. Principal Place of Business - No P.O. Box # <b>17545 DARBY LANE</b>	3. Mailing Address <b>SAME</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>LOTZ, FL</b>	City & State
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Zip <b>33558-4817</b>	Country <b>USA</b>	Zip	Country
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6. Name and Address of Current Registered Agent <b>WALKOWIAK, DAVID H ESQ. 412 E. MADISON ST. STE. 1111 TAMPA, FL 33602</b>	
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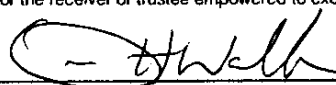
7. Name and Address of New Registered Agent Name <b>WALKOWIAK, DAVID H. ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>17545 DARBY LANE</b> City <b>LOTZ</b> FL Zip Code <b>33558-4817</b>	
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8. The above named entity submits this statement 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALKOWIAK, DAVID H 412 E. MADISON ST., STE. 1111 TAMPA, FL 33602</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	Date <b>3/14/08</b>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

60015251



03102008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>43-2024079</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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