

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022689

FILED
Apr 14, 2006
Secretary of State

Entity Name: PARK MEADOWS PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

1930 PARK MEADOWS DRIVE
STE 1
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1930 PARK MEADOWS DRIVE
STE 1
FORT MYERS, FL 33907

New Mailing Address:

8140 COLLEGE PKWY.
STE 105
FORT MYERS, FL 33919

FEI Number: 20-0051891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, CONSTANCE A
1930 PARK MEADOWS DRIVE
1
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

DEAN, CONSTANCE A
8140 COLLEGE PKWY.
105
FORT MYERS, FL 33919 US

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: CDEAN

04/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEAN, CONSTANCE A
Address: 1930 PARK MEADOWS DRIVE, STE 1
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM () Delete
Name: HAUSER, PETER T
Address: 19650 PINE ECHO ROAD
City-St-Zip: N FORT MYERS, FL 33917

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEAN, CONSTANCE A
Address: 8140 COLLEGE PKWY. #105
City-St-Zip: FORT MYERS, FL 33919

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

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: CDEAN

MGMB

04/14/2006

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