## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000027738

Entity Name: RIVER HILLS PROFESSIONAL CENTER, L.L.C.

**FILED** Feb 26, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3924 SOUTH NINE DR 3924 SOUTH NINE DR VALRICO, FL 33594 VALRICO, FL 33596

**Current Mailing Address: New Mailing Address:** 

3924 SOUTH NINE DR 3924 SOUTH NINE DR VALRICO, FL 33594 VALRICO, FL 33596

FEI Number: 57-1185203 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCDERMOTT, MICHAEL J ESQ 791 W. LUMSĎEN RD BRANDON, FL 33511 US

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

CHANDLER, JAMES J CHANDLER, JAMES J Name: Name: Address: 3924 SOUTH NINE DRIVE Address: 3924 SOUTH NINE DRIVE City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: CHANDLER, BARBARA Name: CHANDLER, BARBARA

Address: 3924 SOUTH NINE DRIVE Address: 3924 SOUTH NINE DRIVE City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

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: JAMES J. CHANDLER **MGRM** 02/26/2008