

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000034109

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FOUNTAIN PROFESSIONAL CENTRE, L.L.C.

**Current Principal Place of Business:**

2045 FOUNTAIN PROFESSIONAL CT  
SUITE B  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

2045 FOUNTAIN PROFESSIONAL CT  
SUITE B  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 56-2392979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOUNTAIN, KENNETH R  
2045 FOUNTAIN PROFESSIONAL CT  
SUITE A  
NAVARRE, FL 32566 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:** MGR  
**Name:** FOUNTAIN, BETTY  
**Address:** 1901 RUE LA FONTAINE  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** MGR  
**Name:** FOUNTAIN, GREGORY V  
**Address:** 1901 RUE LA FONTAINE  
**City-St-Zip:** NAVARRE, FL 32566

I hereby 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:** BETTY FOUNTAIN

MGR

04/30/2012

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