

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 05, 2010
Secretary of State

Entity Name: ORTEGA PROFESSIONAL CENTER, L.L.C.

Current Principal Place of Business:

5435 ORTEGA BLVD STE 2
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5435 ORTEGA BLVD STE 2
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-3494656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHELLHASE, DANIEL J
5435 ORTEGA BLVD STE 2
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

SCHELLHASE, DANIEL J DDS,MS
5435 ORTEGA BLVD STE 2
JACKSONVILLE, FL 32210 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: DANIEL J. SCHELLHASE, D.D.S., M.S.

01/05/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SCHELLHASE, DANIEL J DDS,MS
Address: 5435 ORTEGA BLVD STE 2
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM
Name: HANNA, SAMIR K DDS
Address: 5435 ORTEGA BLVD STE 1
City-St-Zip: JACKSONVILLE, FL 32210

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: DANIEL J. SCHELLHASE, DDS, MS

MGRM

01/05/2010

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