

DOCUMENT # L05000041420

1. Entity Name

COLUMBIA PROFESSIONAL CENTER, LLC



**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

5601 CORPORATE WAY, SUITE 404  
WEST PALM BEACH, FL 33407

Mailing Address

5601 CORPORATE WAY, SUITE 404  
WEST PALM BEACH, FL 33407



01232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

05-0621974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAXMAN, BRIAN K  
5601 CORPORATE WAY, SUITE 404  
WEST PALM BEACH, FL 33407

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

UN00000609502  
02/01/07-80051-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WAXMAN, BRIAN K  
5601 CORPORATE WAY, SUITE 404  
WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
APPLEFIELD, PETER J  
5601 CORPORATE WAY, SUITE 404  
WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/26/07 561-587-5900