

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

05-03-2006 90027 008 ****50.00

DOCUMENT # L05000042405 1. Entity Name NATURE COAST PROFESSIONAL CENTER LIMITED LIABILITY COMPANY			
Principal Place of Business 2737 NW 58TH BLVD. GAINESVILLE, FL 32606		Mailing Address 2737 NW 58TH BLVD. GAINESVILLE, FL 32606	
2. Principal Place of Business 500 NW 43 RD STREET Suite, Apt. #, etc. STE 3		3. Mailing Address 500 NW 43 RD STREET Suite, Apt. #, etc. STE 3	
City & State GAINESVILLE FL		City & State GAINESVILLE FL	
Zip 32607		Country USA	
4. FEI Number 20-3739697		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOVAY, JOHN C 901 N.W. 57TH STREET GAINESVILLE, FL 32605		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 LLA if applicable NOTE: Registered Agent signature required when reappointing DATE			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM HUDSON, JOHN 500 NW 43 RD STREET STE 3 GAINESVILLE FL 32607	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/13/06 37351000 Date	