


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90136 015 ***138.75


DOCUMENT # L05000042405	
1. Entity Name NATURE COAST PROFESSIONAL CENTER LIMITED LIABILITY COMPANY	

Principal Place of Business 500 NW 43RD STREET STE 3 GAINESVILLE, FL 32607	Mailing Address 500 NW 43RD STREET STE 3 GAINESVILLE, FL 32607
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4110-D NW 37th PI
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville FL	City & State Gainesville FL
Zip 32607	Country US

60010412



01132008 Chg-LLC CR2E083 (12/06)

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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, JOHN 500 NW 43RD STREET STE 3 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4110-D NW 37th PI Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	2/21/08 352-490-0900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone</small>