2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L05000042405

Entity Name: NATURE COAST PROFESSIONAL CENTER LIMITED LIABILITY COMPANY

Current Principal Place of Business:

500 NW 43RD STREET
STE 3
GAINESVILLE, FL 32607

New Principal Place of Business:

4110-D NW 37TH PLACE
GAINESVILLE, FL 32606

Current Mailing Address:

4110 D NW 37TH PL
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 20-3739697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOVAY, JOHN C
901 N.W. 57TH STREET
GAINESVILLE, FL 32605 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: MGRM ( ) Delete
Name: HUDSON, JOHN
Address: 4110 D NW 37TH PL
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM MARTIN PRES 03/12/2009

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