

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042405

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** NATURE COAST PROFESSIONAL CENTER LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

4110-D NW 37TH PLACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**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  
**Name:** HUDSON, JOHN  
**Address:** 4110 D NW 37TH PL  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** SEC  
**Name:** ROSIN, NEIL  
**Address:** 4110-D NW 37TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32606

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: NEIL ROSIN

SEC

01/21/2011

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