

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085472

FILED
Jan 15, 2009
Secretary of State

Entity Name: OSCEOLA PROFESSIONAL CENTER, L.C.

Current Principal Place of Business:

486 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

436-A OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

P.O. BOX 1426
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-3817684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHERN, FRED L JR
2215 SOUTH THIRD STREET, SUITE 101
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

BENNER, TIMOTHY J
15 PONTE VEDRA CIRCLE
PONTE VEDRA BEACH, FL 32082 US

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: TIMOTHY J. BENNER

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENNER, TIMOTHY J MGRM
Address: 15 PONTE VEDRA CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: TIMOTHY J. BENNER

MEMB

01/15/2009

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