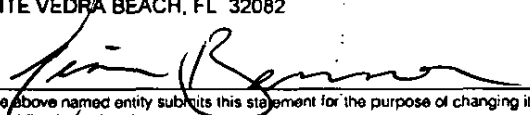
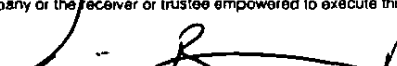


FILED
Jun 21, 2007 8:00 am
Secretary of State

30011053

DOCUMENT # L05000109731			
1. Entity Name OSCEOLA PROFESSIONAL CENTER, LLC			
Principal Place of Business 486 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250		Mailing Address P.O. BOX 1426 PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BENNER, TIMOTHY J P.O. BOX 1426 PONTE VEDRA BEACH, FL 32082 		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15 PONTE VEDRA CR City Ponte Vedra FL Zip Code 32004	
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 title if applicable		DATE _____ (NOTE: Registered Agent signature required when representing)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENNER, TIMOTHY J MGRM P.O. BOX 1426 PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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:  Member 4/19/07 904 5452243		Date _____ Daytime Phone # _____	