

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112364

FILED
Apr 28, 2009
Secretary of State

Entity Name: OLYMPIA PARK MEDICAL OFFICE DEVELOPMENT, LLC

Current Principal Place of Business:

12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110

New Mailing Address:

P. O. BOX 112110
NAPLES, FL 34108

FEI Number: 20-3830884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATES, TODD E
12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110 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: MGR () Delete
Name: GATES, TODD E
Address: 12810 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: CRAWFORD, RICHARD S
Address: 999 VANDERBILT BEACH ROAD SUITE 610
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

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

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: CHARLOTTE A KENT

MBR

04/28/2009

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