

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000028024

1. Entity Name  
COLLEGE PARKWAY HEALTH CENTER LLC



Principal Place of Business  
6371 PRESIDENTIAL CT  
FORT MYERS, FL 33919 US

Mailing Address  
6371 PRESIDENTIAL CT  
FORT MYERS, FL 33919 US

**FILED**  
**Sep 10, 2008 08:00 AM**  
**Secretary of State**



07182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0590783

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIEGENFUSS, BOB  
15577 LOCKMABEN AVE  
FORT MYERS, FL 33912

**DO NOT WRITE  
IN THIS SPACE**

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]*

*Dr. B. Ziegenfuss*

*President*

*9-2-08*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000359446  
09/10/08-80005-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZIEGENFUSS, BOB
STREET ADDRESS	15577 LOCKMABEN AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]* *Dr. B. Ziegenfuss*

*9-2-08*

*239*

*437-4000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #