2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000052429

FILED Apr 16, 2007 8:00 am Secretary of State 04-03-2007 90125 001 ****50.00

1. Entity Name LECANTO PROFESSIONAL CENTER, LLC								
Principal Place of Business 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548		Mailing Address 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548		I HADILOTI OTI	ANIH ANIH ATHA ANIH ANI	1 0 0401 0370 11011 07017 4701	I AKTI (K 101)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. ft, etc.		03262007	Chg-LLC	CR2E083 (12/0	6)	
City & State		City & State		4. FEI Numbe	498645	7	Applied For Not Applicable	
Zīp	Country	Ζip	Country	у	5. Certificate	of Status Desired	□ \$5.00 / Fee Requ	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
	V PARKINSON	Name						
3340 CRENSHAW LAKE ROAD LUTZ, FL 33548			-	Street Address ()	P.O. Box Numbe	er is Not Acceptable	·)	
			-	City		· · · · · · · · · · · · · · · · · · ·	FL ZpC	ode
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.								th, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and this is applicable (NOT)	Revisioned A	Agent signature required	when calm terms		DATE	
		1						
Filing Fee Is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGR	☐ Delete	TITLE				☐ Chang	E Addition
NAME	MYERS, W PARKINSON		NAME					-
STREET ADDRESS CITY-ST-ZIP	3340 CRENSHAW LAKE ROAD LUTZ, FL 33548		CITY-S	ADORESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	C Octob		ADDRESS			☐ Chang	e Addition
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NAME STREET ADDRESS		☐ Delete	TETLE NAME STREET	ADORESS			☐ Chang	e 🔲 Addition
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