

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084853

FILED
Apr 06, 2009
Secretary of State

Entity Name: CBC PROFESSIONAL ASSOCIATES, LLC

Current Principal Place of Business:

521 N. LECANTO HWY
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

521 N. LECANTO HWY
LECANTO, FL 34461

New Mailing Address:

FEI Number: 20-8774906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOIGT, STEPHEN F JR
2042 BEE RIDGE ROAD
SARASOTA, FL 34239 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: MGRM () Delete
Name: GANDHI, SUNIL G
Address: 521 N. LECANTO HWY
City-St-Zip: LECANTO, FL 34461

Title: MGRM () Delete
Name: RAO, V. UPENDER
Address: 521 N. LECANTO HWY
City-St-Zip: LECANTO, FL 34461

Title: MGRM () Delete
Name: FONSECA, GUSTAVO A
Address: 521 N. LECANTO HWY
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES:

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

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: V. UPENDER RAO M.D.

MGRM

04/06/2009

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