

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085774

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** MIDTOWN PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

1331 SE PORT ST LUCIE BLVD  
SUITE 101  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1331 SE PORT ST LUCIE BLVD  
SUITE 101  
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:** 75-3230969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALCEDO, WILLIAM  
1331 S.E. PORT ST. LUCIE BLVD. #101  
PORT ST. LUCIE, FL 34952 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  
Name: SALCEDO, WILLIAM  
Address: 2353 NW BRITT TERRACE  
City-St-Zip: STUART, FL 34994 FL

Title: MGRM  
Name: HUFNAGEL, GARY  
Address: 825 SE ST. LUCIE BLVD.  
City-St-Zip: STUART,, FL 34996 FL

Title: MGRM  
Name: SALCEDO, JANICE R  
Address: 2353 N W BRITT TERRACE  
City-St-Zip: STUART, FL 34994

I hereby 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: JANICE R. SALCEDO

MGRM

03/10/2010

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