04-06-2007 90226 003 ****50.00
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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 MAY -9 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000117439

1. Entity Name
SUNBEAM PROFESSIONAL CENTER, LLC

Principal Place of Business	Mailing Address
1155 SW 25TH AVENUE BOYNTON BEACH, FL 33426	1155 SW 25TH AVENUE BOYNTON BEACH, FL 33426

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03212007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-8427582 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEUTSCH, STEVEN W C/O FRANK, WEINBERG & BLACK, P.L. 7805 SW 6TH COURT PLANTATION, FL 33324	Name: JUDY MARCOVITCH Street Address (P.O. Box Number is Not Acceptable): 1155 S.W. 25TH AVE City: BOYNTON BEACH FL Zip Code: 33426

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] JUDY L. MARCOVITCH, MANAGING MEMBER 3/31/07
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE: MANAGING MEMBER NAME: JUDY MARCOVITCH STREET ADDRESS: 1155 S.W. 25TH AVE. CITY-ST-ZIP: BOYNTON BEACH, FL. 33426	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MANAGER NAME: ALLEN J. MARCOVITCH STREET ADDRESS: 1155 S.W. 25TH AVE CITY-ST-ZIP: BOYNTON BEACH, FL. 33426	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] JUDY L. MARCOVITCH 3/31/07 561/324-0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #