

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023986

**FILED**  
**Feb 20, 2009**  
**Secretary of State**

**Entity Name:** DR. SANDRA BALLESTER, PROFESSIONAL LIMITED COMPANY

**Current Principal Place of Business:**

602 COVENTRY ROAD  
DAVENPORT, FL 32897

**New Principal Place of Business:**

602 COVENTRY ROAD  
DAVENPORT, FL 33897

**Current Mailing Address:**

20 N. ORANGE AVENUE, SUITE 600  
ORLANDO, FL 32801

**New Mailing Address:**

602 COVENTRY ROAD  
DAVENPORT, FL 33897

**FEI Number:** 20-8568171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HENDRY, STONER, CALANDRINO & BROWN, P.A.  
20 N. ORANGE AVENUE, SUITE 600  
ORLANDO, FL 32801 US

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

BALLESTER, SANDRA M DR.  
602 COVENTRY ROAD  
DAVENPORT, FL 33897 US

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:** DR. SANDRA BALLESTER

02/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BALLESTER, SANDRA M DR.  
**Address:** P.O. BOX 135157  
**City-St-Zip:** CLERMONT, FL 34713

**ADDITIONS/CHANGES:**

**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:** DR. SANDRA BALLESTER

MGRM

02/20/2009

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