

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094241

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL SUITE OF CAPE CORAL, LLC

**Current Principal Place of Business:**

10090 MAGNOLIA POINTE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

10090 MAGNOLIA POINTE  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 26-1249438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POWELL, WILLIAM M  
3515 DEL PRADO BOULEVARD  
CAPE CORAL, FL 33904 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: MGR  
Name: KRISHNAN, RAMIAH TRUSTEE  
Address: 10090 MAGNOLIA POINTE  
City-St-Zip: FORT MYERS, FL 33919

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: RK

MGR

01/05/2012

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