

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021597

**FILED**  
**Mar 11, 2009**  
**Secretary of State**

**Entity Name:** BRUCE B. DOWNS PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

27001 U.S. HIGHWAY 19 NORTH SUITE 2095  
CLEARWATER, FL 33761

**New Principal Place of Business:**

27001 U.S. HIGHWAY 19 NORTH  
SUITE 2095  
CLEARWATER, FL 33761

**Current Mailing Address:**

27001 U.S. HIGHWAY 19 NORTH SUITE 2095  
CLEARWATER, FL 33761

**New Mailing Address:**

27001 U.S. HIGHWAY 19 NORTH  
SUITE 2095  
CLEARWATER, FL 33761

**FEI Number:** 26-2199921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MANELLI, DENNIS E ESQ  
100 SOUTH ASHLEY DRIVE SUITE 1900  
TAMPA, FL 33602 US

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

STUART S GOLDING CO  
27001 US HWY 19 N  
SUITE 2095  
CLEARWATER, FL 33761 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:** LOREN M. POLLACK

03/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** STUART S. GOLDING COMPANY  
**Address:** 27001 U.S. HIGHWAY 19 NORTH SUITE 2095  
**City-St-Zip:** CLEARWATER, FL 33761

**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:** LOREN M. POLLACK

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03/11/2009

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