

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90091 036 ****50.00

0019378

DOCUMENT # L9800000944

1. Entity Name

CYPRESS LAKE PROFESSIONAL CENTER, L.P.C.

Principal Place of Business

**1700 MEDICAL LANE
 FORT MYERS FL 33907**

Mailing Address

**1700 MEDICAL LANE
 FORT MYERS FL 33907**

2. Principal Place of Business

3. Mailing Address

11340 LONGWATER CHASE CD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL.

Zip

Country

33908

Country

LEE

4. FEI Number

65-0860103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKARD, STEPHAN A
 1700 MEDICAL LANE
 FORT MYERS FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 FLORIDA INVESTMENT AND MANAGEMENT CONSULTI
 1700 MEDICAL LANE
 FORT MYERS FL 33907** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 PORTH, GUENTER
 KEFERSTEINSTRASSE 12
 21335 LUENEBURG, GERMANY** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 MILLER, STEPHANIE
 1700 MEDICAL LANE
 FORT MYERS FL 33907** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 F & D CONSTRUCTION CO.
 1700 MEDICAL LANE
 FORT MYERS FL 33907** ☐ 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

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 exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE REQUIRED CDHARR **APRIL 2, 02 (239) 407-9011**

CR2E083 (9/01)