

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN -7 AM 9:28

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002728 PROFESSIONAL CENTER OF LONGWOOD, LLC 1632 N. COUNTY ROAD 427 LONGWOOD FL 32750
--

1a. Principal Place of Business Address 1632 N. COUNTY ROAD 427 LONGWOOD FL 32750

2. Principal Place of Business 1632 N. COUNTY RD 427 Suite, Apt. #, etc.	2a. Mailing Address 1632 N. COUNTY RD 427 Suite, Apt. #, etc.
City & State LONGWOOD, FL	City & State LONGWOOD, FL
Zip 32750	Country USA

3. Date Organized or Qualified 11/17/1998	3a. State of Formation FL
4. FEI Number 59-3543406	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report N/A - 1st YEAR	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent DELGADO, DAVID C 1632 N. COUNTY ROAD 427 LONGWOOD FL 32750

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PARK AVENUE LEASING &	1632 N. COUNTY ROAD 427	LONGWOOD FL
			05/06/99-90018-016 \$188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  4/20/99 (407) 834-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #