


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002728 1. Entity Name PROFESSIONAL CENTER OF LONGWOOD, LLC	
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Principal Place of Business 225 W. STATE ROAD 434 LONGWOOD, FL 32750	Mailing Address 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



03172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3543406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DELGADO, DAVID C 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

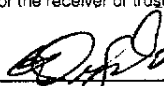
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANAGEMENT CONSULTANTS INTERNATIONAL OF CF 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/28/05-80067-006 50.00

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IN THIS SPACE**

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:  *manager* 3/21/05 407 834 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #