


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000002728</b> 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 1672 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750
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**DO NOT WRITE IN THIS SPACE**



01132008 No Chg-LLC

CR2E083 (12/07)

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 1672 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANAGEMENT CONSULTANTS INTERNATIONAL OF CF 1672 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750
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000000737770  
01/30/08-80001-022 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **DAVID C. DELGADO** 1/17/08 407.834.4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #