

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90092 015 \*\*\*\*50.00

**DOCUMENT # L99000001341**

1. Entity Name

**BAYSHORE PROFESSIONAL CENTRE, L.C.**

Principal Place of Business

**12230 FOREST HILL BLVD., SUITE 103  
WELLINGTON FL 33414**

Mailing Address

**12230 FOREST HILL BLVD., SUITE 103  
WELLINGTON FL 33414**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

**680 SW Bayshore Blvd.**

Suite, Apt. #, etc.

City &amp; State

**Port St. Lucie, FL**

Zip

**34984**

Country

**St. Lucie**

4. FEI Number

**65-0901727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WITKOWSKI, RONALD ESQ.  
12798 WEST FOREST HILL BLVD., SUITE 202  
WELLINGTON FL 33414**

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 ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **ELLIOTT, RICHARD C**  
CITY-ST-ZIP **12230 FOREST HILL BLVD., SUITE 103  
WELLINGTON FL 33414**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **ADAMS, KENNETH M**  
CITY-ST-ZIP **12230 FOREST HILL BLVD., SUITE 103  
WELLINGTON FL 33414**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**3/30/02 561-344-9000**

Date

Daytime Phone #

CR2E083 (9/01)