

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV -4 PM 4:09

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 1680 SW BAYSHORE BLVD. PORT SAINT LUCIE, FL 34984		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0901727	
5. Name and Address of Current Registered Agent ADAMS, KENNETH M 12230 FOREST HILL BLVD. WELLINGTON, FL 33414				7. Name and Address of New Registered Agent	
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.				9. Signature Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT, RICHARD C 12230 FOREST HILL BLVD., SUITE 103 WELLINGTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042475142 11/04/04--01044--005 ***50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, KENNETH M 12230 FOREST HILL BLVD., SUITE 103 WELLINGTON, FL 33414	☐ 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	
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)(f), 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: <i>Shirley Chaudhary</i>			Date: 10/25/04 344-9000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 10/25/04 344-9000		