

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006367

FILED
Jan 05, 2009
Secretary of State

Entity Name: BAY PINES PROFESSIONAL CENTER, L.L.C.

Current Principal Place of Business:

6100 TRAIL BLVD NO
STE 3
NAPLES, FL 34108

New Principal Place of Business:

6100 TRAIL BLVD NO
STE 1
NAPLES, FL 34108

Current Mailing Address:

823 BUTTERBUSH LANE
NAPLES, FL 34108

New Mailing Address:

823 BUTTONBUSH LANE
NAPLES, FL 34108

FEI Number: 59-3634039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORN, MICHAEL F
823 BUTTERBUSH LANE
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

HORN, MICHAEL F
823 BUTTONBUSH LANE
NAPLES, FL 34108 US

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:

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HORN, MICHAEL F TRUSTEE
Address: 823 BUTTEBUSH LANE
City-St-Zip: NAPLES, FL 34108

Title: MGR () Delete
Name: WOMBLE, G. MICHAEL
Address: 6100 TRAIL BLVD. NO. STE 3
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HORN, MICHAEL F TRUSTEE
Address: 823 BUTTONBUSH LANE
City-St-Zip: NAPLES, FL 34108

Title: MGR (X) Change () Addition
Name: WOMBLE, G. MICHAEL
Address: 6100 TRAIL BLVD. NO. STE 1
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL F. HORN

MGR

01/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date