

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001477

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** LEMON BAY PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

900 EAST PINE ST.  
BLDG. 1 STE 122/123  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

900 EAST PINE ST.  
BLDG. 1 STE 122/123  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**FEI Number:** 65-0374608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILBERSTEIN, DAVID M ESQ.  
720 S. ORANGE AVE.  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** KONWISER, MARK M.D.  
**Address:** 900 PINE STREET BLDG. 1 STE 122/123  
**City-St-Zip:** ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** MARK KONWISER, MD,PA

MD

03/05/2009

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