

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002389

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** CORY LAKE ISLES PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

10335 CROSS CREEK BLVD.  
SUITE 28  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

3314 HENDERSON BOULEVARD, STE. 106  
TAMPA, FL 33609

**New Mailing Address:**

3314 HENDERSON BOULEVARD, STE 106  
TAMPA, FL 33609

**FEI Number:** 20-4672521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINTERS, MICHAEL  
3708 WEST SWANN AVENUE  
SUITE 101  
TAMPA, FL 33609 US

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

WINTERS, MICHAEL  
3314 HENDERSON BOULEVARD, SUITE 106  
SUITE 106  
TAMPA, FL 33609 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:

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WINTERS, MICHAEL  
Address: 3314 HENDERSON BOULEVARD, SUITE 106  
City-St-Zip: TAMPA, FL 33609

I hereby 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 WINTERS

MGR

04/26/2012

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