

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M94114**

1. Entity Name  
VILLAGE PROFESSIONAL CENTER, INC.



Principal Place of Business  
13000 SAWGRASS VILLAGE CIRCLE  
STE 27  
PONTE VEDRA BEACH, FL 32082 US

Mailing Address  
13000 SAWGRASS VILLAGE CIRCLE  
STE 27  
PONTE VEDRA BEACH, FL 32082 US



02132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2934479

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LOOK, RICHARD A.  
13000 SAWGRASS VILLAGE  
STE 27  
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE  
IN THIS SPACE**

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.

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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME LOOK, RICHARD A.  
STREET ADDRESS 13000 SAWGRASS VILLAGE CIR STE 27  
CITY- ST- ZIP PONTE VEDRA BEACH, FL 32082

TITLE D  
NAME DELPH, TINA  
STREET ADDRESS 13000 SAWGRASS VILLAGE CIR STE 27  
CITY- ST- ZIP PONTE VEDRA BEACH, FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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04/18/07-80007-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Richard A. Look*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07 (904) 285-1776  
Date Daytime Phone #