


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000103439	
1. Entity Name PINE LAKE PROFESSIONAL CENTER, INC.	

FILED

07 JUL 20 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

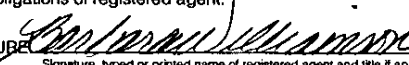
Principal Place of Business 10400 GRIFFIN RD, SUITE 210 COOPER CITY, FL 33328	Mailing Address 10400 GRIFFIN RD, SUITE 210 COOPER CITY, FL 33328
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07112007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0746055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMSON, ROBERT T 10400 GRIFFIN RD, SUITE 210 COOPER CITY, FL 33328

7. Name and Address of New Registered Agent Name Barbara Williamson Street Address (P.O. Box Number is Not Acceptable) 10400 Griffin Rd, Suite 210 City Cooper City FL Zip Code 33328
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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  Barbara Williamson 7/11/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, ROBERT T <input checked="" type="checkbox"/> Delete 10400 GRIFFIN RD, SUITE 210 COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Barbara Williamson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10400 Griffin Road, Suite 210 Cooper City, FL 33328 <input type="checkbox"/> Change <input type="checkbox"/> Addition 800106701659 07/25/07--01044--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Barbara Williamson 7/11/07 954-434-7925 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
