

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103439

FILED
Jan 13, 2009
Secretary of State

Entity Name: PINE LAKE PROFESSIONAL CENTER, INC.

Current Principal Place of Business:

10400 GRIFFIN RD, SUITE 210
COOPER CITY, FL 33328

New Principal Place of Business:

10400 GRIFFIN RD, SUITE 210
COOPER CITY, FL 33328 US

Current Mailing Address:

10400 GRIFFIN RD, SUITE 210
COOPER CITY, FL 33328

New Mailing Address:

10400 GRIFFIN RD, SUITE 210
COOPER CITY, FL 33328 US

FEI Number: 65-0746055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, BARBARA T
10400 GRIFFIN RD, SUITE 210
COOPER CITY, FL 33328 US

Name and Address of New Registered Agent:

WILLIAMSON, BARBARA T
10400 GRIFFIN RD, SUITE 210
COOPER CITY, FL 33328 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: BARBARA WILLIAMSON

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMSON, BARBARA T
Address: 10400 GRIFFIN RD, SUITE 210
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMSON, BARBARA T
Address: 10400 GRIFFIN RD, SUITE 210
City-St-Zip: COOPER CITY, FL 33328

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA WILLIAMSON

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date