2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 21, 2008 08:00 A Secretary of State

ANNUAL REPORT				_ Api	Apr 21, 2008 08:0 Secretary of St		
1. Entity Nan	MENT # S60316 L professional village	E, INC.			Secretary of St		
Principal Plac	ce of Business	Mailing Address					
703 WATERFORD WAY 7		703 WATERFORD WAY					
SUITE 800		SUITE 800					
MIAMI, FL 33126 MIAMI, FL 33126		MIAMI, FL 33126			BUDDE SUBUL BUSSE BUDDE STOLL BUSSEDDE IN 1880		
Principal Place of Business - No P.O. Box # 3. M.		3. Mailing Address	· ·				
Suite, Apt #. etc.		Suite, Apt. #, etc.		04092008 Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 65-0287407	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional		
	6. Name and Address of Current F	Registered Agent	1	7. Name and Address of New R	Fee Required		
	·		Name				
PITTS, W DOUGLAS 703 WATERFORD WAY SUITE 800			Street Address	s (P.O. Box Number is Not Acceptable)		
MIAMI, FL							
			City		FL Zip Code		
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 obliga	tions of registered agent.						
SIGNATURE							
(No.C.) regions of special and dispersion of special and the s							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Cont		5.00 May Be dided to Fees			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11		
TITLE	D STUART	☐ Delete	TITLE		Change Addition		
NAME STREET ADDRESS	MILLER, STUART 703 WATERFORD WAY SUITE 8	00	NAME STREET ADDRESS	U0000	0910900 -80019-004 150.00		
City-ST-ZIP	MIAMI, FL 33126	00	CITY-ST-ZIP	05/07/08	-80019-004 150.00		
TITLE	VD	☐ Defete	TITLE		☐ Change ☐ Addution		
NAME	PITTS, W. DOUGLAS		NAME				
STREET ADDRESS CITY-ST-ZIP	703 WATERFORD WAY SUITE 8 MIAMI, FL 33126	00	STREET ADDRESS CITY-ST-ZIP				
TITLE	S S		TITLE		Change		
NAME	KURPS, JAMES	☐ Delete	NAME		☐ Change ☐ Addition		
STREET ADDRESS	703 WATERFORD WAY SUITE 8	00	STREET ADDRESS				
CITY-SI-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	,			
TITLE	PD COURTENE KIKI	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS	COURTELIS, KIKI L 703 WATERFORD WAY SUITE 8	nn	NAME STREET ADDRESS				
CITY+ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP				
THILE	Т	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	PRIDGEN, DOUGLAS H.		NAME				
STREET ADDRESS CITY+ST-ZIP	703 WATERFORD WAY SUITE 8	00	STREET ADORESS				
TITLE	MIAMI, FL 33126	☐ Delete	CITY-ST-ZIP		Change Addition		
NAME		L_1 Delete	NAME		☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS				
CITY+ST-ZIP	<u></u>		CITY-ST-ZIP				
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify fo	r the exemptions containent	ed in Chapter 119, Florida Statutes. I	further certify that the information ath: that I am an officer or director		
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 eath; that I am an officer or director of the corporation or the receiver or trust dempowered 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 accurate and under eath; that I am an officer or director of the corporation or the receiver or trust dempowered 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 accurate and linear many statements.							
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