

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000006705

**Entity Name:** MIDPOINT PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

1429 COLONIAL BLVD.  
SUITE 201  
FORT MYERS, FL 33907-1060

**Current Mailing Address:**

1429 COLONIAL BLVD.  
SUITE 201  
FORT MYERS, FL 33907-1060

**FEI Number:** 65-1016291

**Certificate of Status Desired:** No

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

FORRESTER, JAMES H  
6687 KESTREL CIR.  
FT. MYERS, FL 33966 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	FORRESTER, JAMES H
Address	6687 KESTREL CIR.
City-State-Zip:	FT. MYERS FL 33966
Title	MGRM
Name	WHITAKER, SCOTT C
Address	15543 CALOOSA CREEK CIRCLE
City-State-Zip:	FORT MYERS FL 33908

Title	MGRM
Name	BELISLE, ERIC WHITAKER
Address	1429 COLONIAL BLVD. SUITE 201
City-State-Zip:	FORT MYERS FL 33907
Title	MANAGER
Name	WHITAKER, CRAIG WHITAKER
Address	1429 COLONIAL BLVD. SUITE 201
City-State-Zip:	FORT MYERS FL 33907

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES H. FORRESTER

**MANAGING MEMBER**

**01/18/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date