

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020480

**Entity Name:** DEBARY PROFESSIONAL CENTER, L.L.C.

**Current Principal Place of Business:**

190 N. U.S. HIGHWAY 17-92, STE. 104  
DEBARY, FL 32713

**Current Mailing Address:**

190 N. U.S. HIGHWAY 17-92, STE. 104  
DEBARY, FL 32713

**FEI Number:** 90-0008924

**Certificate of Status Desired:** No

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

DEGROOD, MICHAEL E  
190 N. U.S. HIGHWAY 17-92, STE. 104  
DEBARY, FL 32713 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 DEGROOD, MICHAEL  
Address 190 N. HWY 17-92 STE. 104  
City-State-Zip: DEBARY FL 32713

Title MGRM  
Name DAY-OSTEEN, SHARON  
Address 190 N. HWY 17-92, STE. 101  
City-State-Zip: DEBARY FL 32713

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL DEGROOD**

**MANAGER**

**01/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date