

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000041420

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

**Current Principal Place of Business:**

2801 PGA BLVD. SUITE 220  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

2801 PGA BLVD. SUITE 220  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 05-0621974

**Certificate of Status Desired:** No

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

WAXMAN, BRIAN K  
2801 PGA. BLVD. SUITE 220  
PALM BEACH GARDENS, FL 33410 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	Title	MGRM
Name	WAXMAN, BRIAN K	Name	APPLEFIELD, PETER J
Address	2801 PGA BLVD, SUITE 220	Address	2801 PGA BLVD, SUITE 220
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

*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:** BRIAN WAXMAN

**PRESIDENT**

**04/10/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date