

2014 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

MANAGER

04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date