2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2015
Secretary of State
CC4116576015

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Entity Name: WESTMONTE PROFESSIONAL CENTER LLC

Current Principal Place of Business:

235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 27-1719025

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUHRING, DENNIS J.
235 NORTH WESMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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: DENNIS J. BUHRING 04/13/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	TAK, RAVI MD
Address	235 NORTH WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MGR
Name	FARNELLA, JOHN MD
Address	235 NORTH WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MGR
Name	ZINKOVICH, LINDA
Address	235 NORTH WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MGR
Name	BUHRING, DENNIS J
Address	235 NORTH WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MGR
Name	ANDREETTI, JOSEPH
Address	235 NORTH WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: DENNIS BUHRING MGR 04/13/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date