

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106839

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** JC MEDICAL CONDO ASSOCIATION LLC

**Current Principal Place of Business:**

10377 S US HIGHWAY 1  
104  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

10377 S US HIGHWAY 1  
104  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 20-5852094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONIDI, FRANCIS X PRES  
10377 S. US HIGHWAY 1  
104  
PORT SAINT LUCIE, FL 34952 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CONIDI, FRANCIS X MD  
**Address:** 1288 NE OCEAN BLVD  
**City-St-Zip:** STUART, FL 34996

**Title:** MGR  
**Name:** WALKER, ANDREW MD  
**Address:** 1615 NW FEDERAL HIGHWAY  
**City-St-Zip:** STUART, FL 34994

**Title:** MGR  
**Name:** GALLANT, ANDREW MD  
**Address:** 1615 NW FEDERAL HIGHWAY  
**City-St-Zip:** STUART, FL 34994

I hereby certify that the information indicated on this 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.

**SIGNATURE:** FRANCIS X CONIDI

MGR

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date