

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106839

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: JC MEDICAL CONDO ASSOCIATION LLC

## Current Principal Place of Business:

1700 SE HILLMOOR DRIVE  
102  
PORT SAINT LUCIE, FL 34952

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 20-5852094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JC MEDICAL CONDO ASSOCIATION  
10377 S. US HIGHWAY 1  
104  
PORT SAINT LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

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

04/29/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 CONIDI

MGR

04/29/2008

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