

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106839

FILED
Apr 27, 2009
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 () 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 X CONIDI MGMR 04/27/2009

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