

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000117646

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** ST. JOHN'S PROFESSIONAL CENTRE, LLC

**Current Principal Place of Business:**

6104 EAGLE NEST DRIVE  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

6104 EAGLE NEST DRIVE  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 20-8023433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORVILLO, ROBERT G  
6104 EAGLES NEST DRIVE  
JUPITER, FL 33458 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:** MORVILLO, ROBERT G  
**Address:** 6104 EAGLE NEST DRIVE  
**City-St-Zip:** JUPITER, FL 33458

**Title:** MGR  
**Name:** MORVILLO, GERALD G  
**Address:** 6104 EAGLE NEST DRIVE  
**City-St-Zip:** JUPITER, FL 33458

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:** ROBERT MORVILLO

MM

01/04/2011

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