

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106839

**FILED**  
**Apr 19, 2011**  
**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

04/19/2011

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