I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER HUGHES

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15850

Entity Name: SOUTHSIDE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4540 SOUTHSIDE BLVD SUITE 601 JACKSONVILLE, FL 32216

Current Mailing Address:

4540 SOUTHSIDE BLVD SUITE 601 JACKSONVILLE, FL 32216

FEI Number: 59-2705899

Name and Address of Current Registered Agent:

HEEKIN, DAVID 4540 SOUTHSIDE BLVD STE 702 JACKSONVILLE, FL 32216 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	E DAVID HEEKIN		03/24/2018	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	Р	Title	V	
Name	HEEKIN, DAVID	Name	WOLFE, EDWIN	
Address	4540 SOUTHSIDE BLVD STE 702	Address	4540 SOUTHSIDE BLVD STE 802	
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216	
Title	S	Title	т	
Name	HUGHES, HEATHER	Name	HUGHES, HEATHER	
Address	4540 SOUTHSIDE BLVD STE 601	Address	4540 SOUTHSIDE BLVD STE 601	
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216	

Certificate of Status Desired: No

FILED Mar 24, 2018 Secretary of State CC1912297243

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