

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106839

**Entity Name:** JC MEDICAL CONDO ASSOCIATION LLC

**Current 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

**FEI Number:** 20-5852094

**Certificate of Status Desired:** No

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

CONIDI, FRANCIS XPRES  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CONIDI, FRANCIS XMD  
Address 1288 NE OCEAN BLVD  
City-State-Zip: STUART FL 34996

Title MGR  
Name WALKER, ANDREW MD  
Address 1615 NW FEDERAL HIGHWAY  
City-State-Zip: STUART FL 34994

Title MGR  
Name GALLANT, ANDREW MD  
Address 1615 NW FEDERAL HIGHWAY  
City-State-Zip: STUART FL 34994

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCIS X CONIDI

**PRESIDENT**

**08/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date