

2016 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

MGR

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date