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

Electronic Signature of Signing Authorized Person(s) Detail

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

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

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	CONIDI, FRANCIS XMD	Name	WALKER, ANDREW MD
Address	1288 NE OCEAN BLVD	Address	1615 NW FEDERAL HIGHWAY
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34994
Title	MGR		
Name	GALLANT, ANDREW MD		
Address	1615 NW FEDERAL HIGHWAY		
City-State-Zip:	STUART FL 34994		

Certificate of Status Desired: No

PRESIDENT 08/01/2023

FILED Aug 01, 2023 Secretary of State 0831710935CC

Date

Date