#### 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. 03/18/2020

SIGNATURE: ROBERT MORVILLO

Electronic Signature of Signing Authorized Person(s) Detail

#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L06000117646

Entity Name: ST. JOHN'S PROFESSIONAL CENTRE, LLC

## **Current Principal Place of Business:**

6104 EAGLE NEST DRIVE JUPITER, FL 33458

# **Current Mailing Address:**

6104 EAGLE NEST DRIVE JUPITER, FL 33458

## FEI Number: 20-8023433

## Name and Address of Current Registered Agent:

MORVILLO, ROBERT G 6104 EAGLES NEST DRIVE JUPITER, FL 33458 US

The above named entity submits this statement for the purpose of ch da.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MORVILLO, ROBERT G	Name	MORVILLO, GERALD G
Address	6104 EAGLE NEST DRIVE	Address	6104 EAGLE NEST DRIVE
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458

hanging its registered office or registered agent, or both, in the State of Florid							
t							
	Title	MGR					

MANAGING MEMBER

Certificate of Status Desired: No

FILED Mar 18, 2020 Secretary of State 1910921244CC

Date

Date