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. 03/08/2016

SIGNATURE: ROBERT MORVILLO

Electronic Signature of Signing Authorized Person(s) Detail

2016 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 staten la.

SIGNATURE:

Electronic Signature

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

ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida						
re of Registered Agent						
•						
:						
	Title	MGR				
RT G	Name	MORVILLO, GERALD G				

Certificate of Status Desired: No

FILED Mar 08, 2016 Secretary of State CC4589916402

Date

Date

MANAGING MEMBER