

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109329

FILED
Mar 31, 2009
Secretary of State

Entity Name: ST. JOHNS PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

150 WARREN CIRCLE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

150 WARREN CIRCLE
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: 20-3787379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TOD R
150 WARREN CIRCLE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOHL, STACEY
Address: 150 WARREN CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM () Delete
Name: SMITH, PATRICIA A
Address: 150 WARREN CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM () Delete
Name: KOHL, ADAM J
Address: 150 WARREN CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM () Delete
Name: SMITH, TOD R
Address: 150 WARREN CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TOD R SMITH

MM

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date