

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109329

FILED
Apr 12, 2011
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
Name: KOHL, STACEY
Address: 150 WARREN CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259 US

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

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

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

I hereby 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: ADAM J KOHL

MGRM

04/12/2011

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