## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009040

Entity Name: OUTPATIENT CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED** Apr 04, 2023 **Secretary of State** 2358919622CC

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

1235 SAN MARCO BOULEVARD JACKSONVILLE, FL 32207

## **Current Mailing Address:**

1660 PRUDENTIAL DRIVE **BUILDING 2 SUITE 203** JACKSONVILLE, FL 32207 US

FEI Number: 46-3859213 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

BAITY, G. SCOTT 841 PRUDENTIAL DRIVE **SUITE 1802** JACKSONVILLE, FL 32207 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: G. SCOTT BAITY 04/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

VP, DIRECTOR Title Title VΡ

TICKELL, KEITH Name Name DEAN, SAM

Address 841 PRUDENTIAL DRIVE Address 1660 PRUDENTIAL DRIVE

> **SUITE 1602 BUILDING 2 SUITE 203**

JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 City-State-Zip:

Title STD Title VΡ

DURKIN, CHRISTOPHER R Name Name FINNEGAN, SCOTT

1660 PRUDENTIAL DRIVE 841 PRUDENTIAL DRIVE, SUITE 1602 Address Address

**BUILDING 2 SUITE 203** City-State-Zip: JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 City-State-Zip:

Title **DIRECTOR** 

HANSON, ESQ., KARL Name Address

841 PRUDENTIAL DRIVE

**SUITE 1602** 

JACKSONVILLE FL 32207 City-State-Zip:

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER DURKIN

SECRETARY

04/04/2023