

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021045

**FILED
Apr 22, 2015
Secretary of State
CC4671477118**

Entity Name: OAK STREET PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

2223 OAK STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

2223 OAK STREET
JACKSONVILLE, FL 32204

FEI Number: 20-0883703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSTON, CHARLES M
2223 OAK STREET
JACKSONVILLE, FL 32204 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name JOHNSTON, CHARLES M
Address 2223 OAK STREET
City-State-Zip: JACKSONVILLE FL 32204

Title MGRM
Name HERNANDEZ, ARTHUR
Address 2223 OAK STREET
City-State-Zip: JACKSONVILLE FL 32204

Title MGRM
Name HAMMOND, ADA A
Address 2223 OAK STREET
City-State-Zip: JACKSONVILLE FL 32204

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.

SIGNATURE: CHARLES JOHNSTON

MGRM

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date