

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000021045

**Entity Name:** OAK STREET PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

4238 LAKESIDE DR.  
#301  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4238 LAKESIDE DR.  
#301  
JACKSONVILLE, FL 32210 US

**FEI Number:** 20-0883703

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHNSTON, CHARLES M  
4238 LAKESIDE DR.  
#301  
JACKSONVILLE, FL 32210 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 4238 LAKESIDE DR.  
#301  
City-State-Zip: JACKSONVILLE FL 32210

Title MGRM  
Name HERNANDEZ, ARTHUR  
Address 4745 SUTTON PARK COURT  
#711  
City-State-Zip: JACKSONVILLE FL 32224

Title MGRM  
Name HAMMOND, ADA A  
Address 1810 SEVILLE BLVD. APT. 210 AB  
City-State-Zip: ATLANTIC BEACH FL 32233

*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 M. JOHNSTON

**MGRM**

**02/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date