

2017 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 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 M JOHNSTON

MGRM

04/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date