

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000021045

**FILED  
Apr 30, 2014  
Secretary of State  
CC2866363861**

**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 M JOHNSTON

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date