

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000105697

**Entity Name:** BERNARD MEDICAL CENTER, LLC

**Current Principal Place of Business:**

4867 PALM COAST PKWY NW  
UNIT 4  
PALM COAST, FL 32137

**Current Mailing Address:**

4867 PALM COAST PKWY NW  
UNIT 4  
PALM COAST, FL 32137 US

**FEI Number:** 82-1474844

**Certificate of Status Desired:** No

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

BERNARD, JOHNNY R JR.  
159 ISLAND ESTATES PKWY  
PALM COAST, FL 32137 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	MGR	Title	MGR
Name	BERNARD, JOHNNY R JR.	Name	BERNARD, TARALYN R
Address	159 ISLAND ESTATES PKWY	Address	159 ISLAND ESTATES PKWY
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	PALM COAST FL 32137

*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:** JOHNNY R BERNARD JR

MGR

01/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date