

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000105697

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

**Current Principal Place of Business:**

721 RIDGEWOOD AVENUE, SUITE 9  
HOLLY HILL, FL 32117

**Current Mailing Address:**

721 RIDGEWOOD AVENUE, SUITE 9  
HOLLY HILL, FL 32117 US

**FEI Number: 82-1474844**

**Certificate of Status Desired: Yes**

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

Title MGR  
Name BERNARD, TARALYN R  
Address 159 ISLAND ESTATES PKWY  
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 BERNARD JR, MD**

**MGR**

**03/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date