2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001018

1. Entity Name
ST. AUGUSTINE MOB, LTD.

FILED
00 MAY -4 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3627 UNIVERSITY BLVD.. SOUTH. SUITE 840 JACKSONVILLE FL 32216	3627 UNIVERSITY BLVD.. SOUTH. SUITE 840 JACKSONVILLE FL 32216-7404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3599 University Blvd., S.	3599 University Blvd., S.
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32216 / Country:	Zip: 32216 / Country:

4. FEI Number 59-3397507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAER, DOUGLAS M
3627 UNIVERSITY BLVD., SOUTH, SUITE 840
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 3599 University Blvd., S., Suite B
City FL Zip Code

8. 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	J51032 GH MEDICAL SERVICES, INC. 3627 UNIVERSITY BLVD., SOUTH, SUITE 840 JACKSONVILLE FL 32216	STREET ADDRESS / CITY-ST-ZIP	3599 University Blvd., S., Suite B
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	000003291850--0 -06/15/00--01094--012 ****526.25 ****526.25
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CR2E003 (9/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4/21/00 904-858-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #