2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# A96000001018

Entity Name: ST. AUGUSTINE MOB, LTD.

Current Principal Place of Business:

3599 UNIVERSITY BLVD., SOUTH, SUITE B
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD., SOUTH, SUITE B
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3397507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAER, DOUGLAS M
3599 UNIVERSITY BLVD., SOUTH, SUITE B
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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

GENERAL PARTNER INFORMATION:

Document #: J51032
Name: GH MEDICAL SERVICES, INC.
Address: 3599 UNIVERSITY BLVD., SOUTH, SUITE B
City-St-Zip: JACKSONVILLE, FL 32216

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: DOUGLAS M. BAER DSTV 04/23/2007

Electronic Signature of Signing General Partner Date