


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE,
 TALLAHASSEE, FLORIDA


08 MAY -7 PM 1:53

DOCUMENT # A96000001018
 1. Entity Name
 ST. AUGUSTINE MOB, LTD.



Principal Place of Business Mailing Address
 3599 UNIVERSITY BLVD., SOUTH, SUITE B 3599 UNIVERSITY BLVD., SOUTH, SUITE B
 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



04242008 Chg-LP CR2E003 (12/06)
 4. FEI Number Applied For
 59-3397507 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAER, DOUGLAS M
 3599 UNIVERSITY BLVD., SOUTH, SUITE B
 JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent.
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	J51032	STREET ADDRESS	
NAME	GH MEDICAL SERVICES, INC.	CITY-ST-ZIP	300128679633
STREET ADDRESS	3599 UNIVERSITY BLVD., SOUTH, SUITE B		05/07/08--01002--023 **500.00
CITY-ST-ZIP	JACKSONVILLE, FL 32216	STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Douglas M. Baer 04/25/08 (904) 858-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #