2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 27, 2009
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:

3599 UNIVERSITY BLVD., SOUTH
JACKSONVILLE, FL 32216

Current Mailing Address:

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

New Mailing Address:

3599 UNIVERSITY BLVD., SOUTH
JACKSONVILLE, FL 32216

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:

BAER, DOUGLAS M
3599 UNIVERSITY BLVD., SOUTH
JACKSONVILLE, FL 32216 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: _____ 04/27/2009
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: 3599 UNIVERSITY BLVD., SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify 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 CEO 04/27/2009
Electronic Signature of Signing General Partner — Date