


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90089 022 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000056418

1. Corporation Name
ST. AUGUSTINE PHYSICIANS ASSOCIATES, INC.



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|--|--|
| Principal Place of Business 417 ANASTASIA BLVD ST AUGUSTINE FL 32084 | Mailing Address 417 ANASTASIA BLVD ST AUGUSTINE FL 32084 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|---|--|---|-----------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 07/01/1996 | 4. FEI Number 59-3389255 | Applied For Not Applicable |
|---|--|---|-----------------------------|-------------------------------|

| | | |
|--|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|

9. Name and Address of Current Registered Agent

MONAHAN, CLARK V
417 ANASTASIA BLVD
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-----------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MONAHAN, CLARK V | | 1.2 NAME | | |
| STREET ADDRESS | 417 ANASTASIA BLVD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MONAHAN, BONNIE | | 2.2 NAME | | |
| STREET ADDRESS | 417 ANASTASIA BLVD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/28/99 904-824-8353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034-1110R