

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 20 PM 3: 35

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001018

ST. AUGUSTINE MOB, LTD.



01/23

Mailing Address

Principal Office Address

4651 SALISBURY ROAD, SUITE 155
JACKSONVILLE FL 32256

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JACKSONVILLE FL 32256

3. Date Formed or Registered

05/30/1996

5a. Capital Contributions as
Shown on record.

\$100,000.00

3a. Date of Last Report

03/28/1997

5b. Amount of Capital
Contributions in FLORIDA
to date.

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

4555 Emerson Expressway

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

Jacksonville

Zip Country

Zip Country

FL 32207

6. FEI Number

59-3397507

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

LEWIS, BRETT J
4651 SALISBURY ROAD, SUITE 155
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

4555 Emerson Expressway # 200

Suite, Apt. #, etc.

City

Jacksonville

FL

Zip Code

32207

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

1/14/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

QH MEDICAL SERVICES, INC.

3627 UNIVERSITY BLVD.

JACKSONVILLE FL 32256

J51032

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****541.25 ****541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

1/14/98

Typed or Printed Name of General Partner Signing Form

Brett J. Lewis

Daytime Telephone Number

(904) 399-2126

CR2ED03 (6/97)