

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005853

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: LIFE CARE ST. JOHNS, INC.

**Current Principal Place of Business:**

235 TOWERVIEW DRIVE  
SAINT AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

235 TOWERVIEW DRIVE  
SAINT AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 59-3474627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, RAYMOND M  
1000 VICAR'S LANDING WAY  
PONTE VEDRA BEACH, FL 32082 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSON, RAYMOND M  
Address: 1000 VICAR'S LANDING WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD ( ) Delete  
Name: CREADICK, JOHN  
Address: 5870-G CAPO ISLAND ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VPD ( ) Delete  
Name: ROLLER, DONALD  
Address: 1421 PONTE VEDRA BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete  
Name: JOHNSON, DALLAS  
Address: 71 FISHERMAN COVE RD  
City-St-Zip: PONTE VERDE, FL 32082

Title: PD ( ) Delete  
Name: REYNOLDS, GERALD  
Address: 4651 SALISBURY ROAD SUITE 330  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ISSAC, FRED  
Address: 331 SAN JUAN DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Change ( ) Addition  
Name:  
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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND M. JOHNSON

D

01/10/2006

Electronic Signature of Signing Officer or Director

Date