

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001018

**Entity Name:** ST. AUGUSTINE MOB, LTD.

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

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

**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:

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 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

DSTV

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date