

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005853

FILED
Feb 05, 2009
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:

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

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

Title: TD () Delete
Name: HOENER, JAMES
Address: 71 VILLAGE WALK LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: VPD () Delete
Name: ISSAC, FRED
Address: 331 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD () Delete
Name: ABARE, WILLIAM
Address: 112 HERON'S NEST LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ROLLER, DONALD
Address: 1421 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: VPD (X) Change () Addition
Name: ABARE, WILLIAM
Address: 112 HERON'S NEST LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SD () Change (X) Addition
Name: WATSON, JAMES
Address: 4722 ETON LANE
City-St-Zip: JACKSONVILLE, FL 32210

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 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

ASD

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date