

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005853

Entity Name: LIFE CARE ST. JOHNS, INC.**Current Principal Place of Business:**235 TOWERVIEW DRIVE
SAINT AUGUSTINE, FL 32092**Current Mailing Address:**1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082**FEI Number:** 59-3474627**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES, D. BRUCE
1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082 US*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:** BRUCE JONES

01/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------------|
| Title | CEO |
| Name | JONES, BRUCE |
| Address | 1000 VICAR'S LANDING WAY |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

| | |
|-----------------|----------------------------|
| Title | TRE |
| Name | MURDOCK, WILLIAM J III |
| Address | 3267 OLD BARN ROAD, W. |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

| | |
|-----------------|----------------------------|
| Title | CHR |
| Name | ISSAC, FRED |
| Address | 331 SAN JUAN DRIVE |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

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|-----------------|----------------------------|
| Title | VCHR |
| Name | HOENER, JAMES H |
| Address | 71 VILLAGE WALK LANE |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

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|-----------------|----------------------------|
| Title | SECRETARY |
| Name | BLOESING, CARL A |
| Address | 12 LA VISTA DRIVE |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

| | |
|-----------------|----------------------------|
| Title | BOARD MEMBER |
| Name | BRACE, RODNEY R |
| Address | 1179 SALT MARSH CIRCLE |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

| | |
|-----------------|----------------------------|
| Title | BOARD MEMBER |
| Name | KOHLER, RICHARD |
| Address | 24604 DEER TRACE DRIVE |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

I hereby 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 all other like empowered.

SIGNATURE: JONES, BRUCE

CEO

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date