

2013 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, 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

01/02/2013

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 SEC
Name WATSON, JEFFREY P
Address 4639 IROQUOIS AVENUE
City-State-Zip: JACKSONVILLE FL 32210

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

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

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

Title BOARD MEMBER
Name KILPATRICK, TED D
Address 124 LAKE JULIA DRIVE, N.
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: BRUCE JONES

CEO

01/02/2013

Electronic Signature of Signing Officer/Director Detail

Date