

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000056418

**Entity Name:** ST. AUGUSTINE PHYSICIANS ASSOCIATES, INC.

**Current Principal Place of Business:**

419 ANASTASIA BLVD  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

419 ANASTASIA BLVD  
ST AUGUSTINE, FL 32080 US

**FEI Number:** 59-3389255

**Certificate of Status Desired:** No

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

MONAHAN, CLARK V  
419 ANASTASIA BLVD  
ST AUGUSTINE, FL 32080 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MONAHAN, CLARK V  
Address        139 NEPTUNE RD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title            SECRETARY  
Name            MONAHAN, CLARK V DC  
Address        139 NEPTUNE ROAD  
City-State-Zip: ST AUGUSTINE FL 32086

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLARK V. MONAHAN

**PRESIDENT**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date