

2019 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

04/19/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date