

2014 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:

139 NEPTUNE RD
SAINT AUGUSTINE, FL 32086

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

Title D
Name MONAHAN, MARTIN M
Address 141 JUPITER RD
City-State-Zip: SAINT 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

DIRECTOR

04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date