

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90153 013 \*\*\*150.00

**DOCUMENT # F36936**

1. Entity Name

HEALTHCARE PROPERTIES OF ST. AUGUSTINE, INC.



Principal Place of Business

102 WOODMONT BLVD  
SUITE 350  
NASHVILLE TN 37205

Mailing Address

102 WOODMONT BLVD  
SUITE 350  
NASHVILLE TN 37205

2. Principal Place of Business

3. Mailing Address

1999 OLD MAULTRIE RD

210 25th AVE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 508

City & State

ST. AUGUSTINE, FL

City & State

NASHVILLE, TN

Zip

32086

Country

USA

Zip

37203

Country

USA

4. FEI Number

62-1166841

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
MCLAREN, DAN L  
102 WOODMONT BLVD STE 350  
NASHVILLE TN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
MCLAREN, DAN L.  
210 25th AVE N, SUITE 508  
NASHVILLE, TN 37203

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
EZELL, KENNETH P  
511 UNION ST #1700  
NASHVILLE TN

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN MCLAREN 1/9/03 615-297-1020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)