2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

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Entity Name: LIFE CARE ST. JOHNS, INC.

Current Principal Place of Business:

235 TOWERVIEW DRIVE
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

235 TOWERVIEW DRIVE
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-3474627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, RAYMOND M
1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOHNSON, RAYMOND M
Address: 1000 VICAR'S LANDING WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD ( ) Delete
Name: CREADICK, JOHN
Address: 5870-G CAPO ISLAND ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VPD ( ) Delete
Name: ROLLER, DONALD
Address: 1421 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete
Name: ISSAC, FRED
Address: 331 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD ( ) Delete
Name: REYNOLDS, GERALD
Address: 4651 SALISBURY ROAD SUITE 330
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: HOENER, JAMES
Address: 71 VILLAGE WALK LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD (X) Change ( ) Addition
Name: ROLLER, DONALD
Address: 1421 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD (X) Change ( ) Addition
Name: ISSAC, FRED
Address: 331 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD (X) Change ( ) Addition
Name: ABARE, WILLIAM
Address: 112 HERON'S NEST LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAYMOND M. JOHNSON D 01/11/2007
Electronic Signature of Signing Officer or Director — Date