

2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # N99000003769

1. Entity Name

ST. JOHNS HEALTH SERVICES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

01-28-2000 90077 002 ****61.25

Principal Place of Business

400 HEALTH PARK BLVD.
ST. AUGUSTINE FL 32086

Mailing Address

400 HEALTH PARK BLVD.
ST. AUGUSTINE FL 32086-5784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDY, JOSEPH S
 400 HEALTH PARK BLVD.
 ST. AUGUSTINE FL 32086

Name James D. Conzemius, President

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

400 Health Park BoulevardCity St. Augustine, Florida

FL

Zip Code 32086

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.

SIGNATURE

James D. Conzemius, President
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PLANT, REUBEN J
 CITY-ST-ZIP 400 HEALTH PARK BLVD.
ST. AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BRYANT, JAMES E
 CITY-ST-ZIP 400 HEALTH PARK BLVD.
ST. AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS WALKER, JAMES W
 CITY-ST-ZIP 180 MARINE ST.
ST. AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS CONZEMIOUS, JAMES D
 CITY-ST-ZIP 400 HEALTH PARK BLVD.
ST. AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ADAMS, BEN
 CITY-ST-ZIP 4020 LEWIS SPEEDWAY
ST. AUGUSTINE FL 32095

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 617, 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:

James D. Conzemius
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/00

(904) 825-4470

Daytime Phone #

CR2E037 (9/99)