

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003769

1. Entity Name

ST. JOHNS HEALTH SERVICES, INC.

FILED

Feb 12, 2002 8:00 am  
Secretary of State

02-12-2002 90107 042 \*\*\*\*61.25

Principal Place of Business

400 HEALTH PARK BLVD.  
ST. AUGUSTINE FL 32086

Mailing Address

400 HEALTH PARK BLVD.  
ST. AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3631280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONZEMIUS, JAMES D  
400 HEALTH PARK BLVD.  
ST. AUGUSTINE FL 32086

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.

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	PLANT, REUBEN J	
STREET ADDRESS	400 HEALTH PARK BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, JAMES E	
STREET ADDRESS	400 HEALTH PARK BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, JAMES W	
STREET ADDRESS	180 MARINE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONZEMIUS, JAMES D	
STREET ADDRESS	400 HEALTH PARK BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, BEN	
STREET ADDRESS	4020 LEWIS SPEEDWAY	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 (904) 825-4400  
Date Daytime Phone #

CR2E037 (9/01)