


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90096 005 ****61.25

DOCUMENT # N99000003769 1. Entity Name ST. JOHNS HEALTH SERVICES, INC.					
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.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3631280	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANT, REUBEN J 400 HEALTH PARK BLVD. ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dottie Hudson 400 Health Park Blvd. St. Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, JAMES E 400 HEALTH PARK BLVD. ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Hackney 400 Health Park Blvd. St. Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, JAMES W 180 MARINE ST. ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rev. David Allert 400 Health Park Blvd. St. Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONZEMIUS, JAMES D 400 HEALTH PARK BLVD. ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, BEN 4020 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKER, LYNDA I 400 HEALTH PARK BLVD SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lynnda I Kirker</i>			1/28/04		904-819-4400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>