

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90290 048 \*\*\*\*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**

**20018953**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01172005 Chg-NP CR2E037 (10/03)

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**

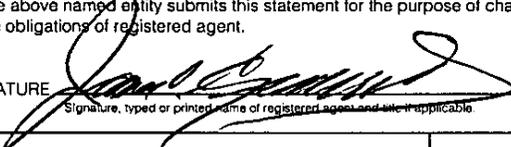
**7. Name and Address of New Registered Agent**

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

SIGNATURE  DATE **2/28/05**

(NOTE: Registered Agent signature required when reinstating)

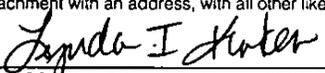
**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, DOTTIE	NAME	ALICE RICHARDS
STREET ADDRESS	400 HEALTH PARK BLVD.	STREET ADDRESS	1955 U.S. 1 SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	CITY-ST-ZIP	St. AUGUSTINE, FL 32086
TITLE	D <input type="checkbox"/> Delete	TITLE	CHAIRMAN/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, JAMES E	NAME	BRYANT, JAMES E
STREET ADDRESS	400 HEALTH PARK BLVD.	STREET ADDRESS	400 HEALTH PARK BLVD.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HACKNEY, MICHAEL	NAME	Allcock, Dawn
STREET ADDRESS	400 HEALTH PARK BLVD.	STREET ADDRESS	1955 U.S. 1 South
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	TD <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONZEMIUS, JAMES D	NAME	Machado, Michael
STREET ADDRESS	400 HEALTH PARK BLVD.	STREET ADDRESS	301 Health park Blvd
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLERT, DAVID REV	NAME	
STREET ADDRESS	400 HEALTH PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKER, LYNDA I	NAME	
STREET ADDRESS	400 HEALTH PARK BLVD	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	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:  **LYNDA I KIRKER** DATE **2/26/05** DAYTIME PHONE # **904-825-4400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #