

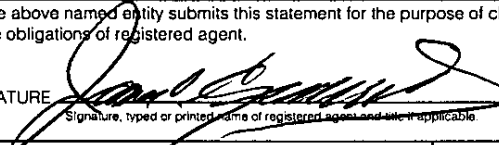
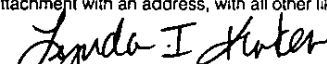


FILED
Mar 07, 2005 8:00 am
Secretary of State

20018953

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # N99000003769 | |  | | 03-07-2005 90290 048 ***61.25 | |
| 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 | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01172005 Chg-NP CR2E037 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-3631280 | |
| Zip | | Country | | 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  (NOTE: Registered Agent signature required when reinstating) DATE 2/28/05 | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE D NAME HUDSON, DOTTIE STREET ADDRESS 400 HEALTH PARK BLVD. CITY-ST-ZIP ST. AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Delete | | TITLE DIRECTOR NAME ALICE RICHARDS STREET ADDRESS 1955 U.S. 1 SOUTH CITY-ST-ZIP ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE D NAME BRYANT, JAMES E STREET ADDRESS 400 HEALTH PARK BLVD. CITY-ST-ZIP ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete | | TITLE CHAIRMAN/DIRECTOR NAME BRYANT, JAMES E STREET ADDRESS 400 HEALTH PARK BLVD. CITY-ST-ZIP ST. AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE D NAME HACKNEY, MICHAEL STREET ADDRESS 400 HEALTH PARK BLVD. CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Delete | | TITLE DIRECTOR NAME Allcock, Dawn STREET ADDRESS 1955 U.S. 1 South CITY-ST-ZIP St. Augustine, FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE TD NAME CONZEMIUS, JAMES D STREET ADDRESS 400 HEALTH PARK BLVD. CITY-ST-ZIP ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete | | TITLE DIRECTOR NAME Machado, Michael STREET ADDRESS 301 Health park Blvd CITY-ST-ZIP St. Augustine, FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE D NAME ALLERT, DAVID REV STREET ADDRESS 400 HEALTH PARK BLVD. CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE D NAME KIRKER, LYNDA I STREET ADDRESS 400 HEALTH PARK BLVD CITY-ST-ZIP 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:  LYNDIA I KIRKER 2/26/05 904-825-4400 | | | | | |