

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90047 004 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3631280**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **Lynda I. Kirker**
STREET ADDRESS **400 Health Park Blvd**
CITY-ST-ZIP **St. Augustine, FL 32086**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Dottie Hudson**
STREET ADDRESS **1955 US 1 South**
CITY-ST-ZIP **St. Augustine, FL 32086**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Miguel Machado, MD**
STREET ADDRESS **301 Health Park Blvd, Suite 216**
CITY-ST-ZIP **St. Augustine, Florida 32086**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Michael Sanders, MD**
STREET ADDRESS **301 Health Park Blvd, Suite 327**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **D** ☐ Delete
NAME **ADAMS, BEN**
STREET ADDRESS **4020 LEWIS SPEEDWAY**
CITY-ST-ZIP **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: **SIGNATURE REQUIRED** **James D. Couzemius** **1/16/03 (04) 825-4400**

CR2E037 (10/02)