

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068634

FILED
Apr 23, 2008
Secretary of State

Entity Name: OPH/ST.JOHNS TOWN CENTER, INC.

Current Principal Place of Business:

5139 EDGEWOOD CT
JACKSONVILLE, FL 32254

New Principal Place of Business:

10208 BUCKHEAD BRANCH DRIVE
JACKSONVILLE, FL 32246

Current Mailing Address:

5139 EDGEWOOD CT
JACKSONVILLE, FL 32254

New Mailing Address:

5139 EDGEWOOD CT
P. O. BOX 6933
JACKSONVILLE, FL 32236

FEI Number: 20-2858807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERENSON, S.P.
5139 EDGEWOOD CT
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

STEVENSON, S.P.
5139 EDGEWOOD CT
JACKSONVILLE, FL 32254 US

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: S. P. STEVENSON

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLEMPF, JACQUES
Address: 5139 EDGEWOOD CT
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: STEVENSON, PAUL
Address: 5139 EDGEWOOD CT
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: KLEMPF, SHELLEY
Address: 5139 EDGEWOOD CT
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. P. STEVENSON

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date