2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# P05000068634

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

Current Principal Place of Business:

10208 BUCKHEAD BRANCH DRIVE
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2858807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: S. PAUL STEVENSON D 02/23/2011

Electronic Signature of Signing Officer or Director Date