

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000024196

FILED
Mar 17, 2011
Secretary of State

Entity Name: ST. JOHNS MEDICAL CENTER, P.A.,

Current Principal Place of Business:

2511 ST. JOHNS BLUFF ROAD SOUTH
UNIT 102
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

717 MAGNOLIA STREET
NEPTUNE BEACH, FL 32266 US

New Mailing Address:

2511 ST. JOHNS BLUFF ROAD SOUTH
UNIT 102
JACKSONVILLE, FL 32246 US

FEI Number: 20-4366177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, STEPHEN S
717 MAGNOLIA STREET
NEPTUNE BEACH, FL 32266 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: STEPHEN S. ALEXANDER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ALEXANDER, STEPHEN S
Address: 717 MAGNOLIA STREET
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: VP
Name: ALEXANDER, STEPHEN S
Address: 717 MAGNOLIA STREET
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: T
Name: ALEXANDER, STEPHEN S
Address: 717 MAGNOLIA STREET
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: S
Name: ALEXANDER, SHALAIN L
Address: 717 MAGNOLIA STREET
City-St-Zip: NEPTUNE BEACH, FL 32266 US

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: STEPHEN S. ALEXANDER

P

03/17/2011

Electronic Signature of Signing Officer or Director

Date