


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P15544	
1. Entity Name NORTHERN FLORIDA HEALTH PROPERTIES, INC.	

Principal Place of Business 189 SAN MARCO ST. AUGUSTINE, FL 32084 US	Mailing Address 1266 1ST ST. STE 8 SARASOTA, FL 34236-2510
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2830515	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KISTLER, RICHARD L.
1266 - 1ST STREET #8
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000142307 04/30/04-80045-022 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSNER, JAMES C. 45 PROGRESS PARKWAY MARYLAND HEIGHTS, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAENGER, LEO C. JR. 12412 POWERSCOURT DR STE 150 SAINT LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KISTLER, RICHARD L. 1266 1ST STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REITER, MARY 1266 FIRST ST. STE 8 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 Richard L. Kistler 3/12/04 941/365-6194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #