

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90245 042 ***158.75

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



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2830515

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name RICHARD L KISTLER
Street Address (P.O. Box Number is Not Acceptable)
PMB 158
5342 CLARK ROAD
City SARASOTA FL Zip Code 34233 3227

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 Richard L Kistler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-5-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSNER, JAMES C.	
STREET ADDRESS	45 PROGRESS PARKWAY	
CITY - ST - ZIP	MARYLAND HEIGHTS MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAENGER, LEO C. JR.	
STREET ADDRESS	12412 POWERS COURT DR STE 150	
CITY - ST - ZIP	SAINT LOUIS MO 63141	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KISTLER, RICHARD L.	
STREET ADDRESS	1266 1ST STREET	
CITY - ST - ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	REITER, MARY	
STREET ADDRESS	1266 FIRST ST. STE 8	
CITY - ST - ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07

Date

941 921 0888

Daytime Phone #