

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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 PMB 158 5342 CLARK RD SARASOTA, FL 34233-3227



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

KISTLER, RICHARD L.
PMB 158
5342 CLARK ROAD
SARASOTA, FL 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 _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

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 POWERS COURT 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	

U000000910408
05/05/08-80107-024 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-16-08

941 921 0888

Date

Daytime Phone #