

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90007 010 ***158.75

DOCUMENT # P93000008916

1. Corporation Name

UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES,
INC.

Principal Place of Business

170 MALAGA ST
ST AUGUSTINE FL 32084
US

Mailing Address

170 MALAGA ST.
ST. AUGUSTINE FL 32084
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1993

4. FEI Number

59-3166042

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

21 1 UNIVERSITY BLVD.

2a. Mailing Address

26 1 UNIVERSITY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. AUGUSTINE, FLA.

City & State

28 ST. AUGUSTINE, FLA.

Zip

Country

24 32086

25 USA

Zip

Country

29 32086

30 USA

9. Name and Address of Current Registered Agent

PARIS, STANLEY V
170 MALAGA ST.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

PARIS, STANLEY V.

82 Street Address (P.O. Box Number is Not Acceptable)

1 UNIVERSITY BLVD.

83

84 City

ST. AUGUSTINE

FL

85 Zip Code

32086

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PARIS, STANLEY V
STREET ADDRESS 170 MALAGA ST
CITY-ST-ZIP ST. AUGUSTINE FL

DELETE

TITLE VP
NAME PATTERSON, RAY M.
STREET ADDRESS 1690 US 1 S STE 1
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

TITLE T
NAME PARIS, CATHERINE PATL
STREET ADDRESS 170 MALAGA ST
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME PARIS, STANLEY V.
1.3 STREET ADDRESS 1 UNIVERSITY BLVD.
1.4 CITY-ST-ZIP ST. AUGUSTINE, FLA. 32086

Change Addition

2.1 TITLE V/D
2.2 NAME PATTERSON, RAY M.
2.3 STREET ADDRESS 1 UNIVERSITY BLVD.
2.4 CITY-ST-ZIP ST. AUGUSTINE, FLA. 32086

Change Addition

3.1 TITLE S/T/D
3.2 NAME PARIS, CATHERINE PATLA
3.3 STREET ADDRESS 1 UNIVERSITY BLVD.
3.4 CITY-ST-ZIP ST. AUGUSTINE, FLA. 32086

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY V PARIS

2/8/99

Date

(904) 826-0084

Daytime Phone #

CR2E034 (1/98)