

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90297 001 ***422.50

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1. Entity Name
UNIVERSITY OF ST. AUGUSTINE FOR HEALTH
SCIENCES, INC.



Principal Place of Business

1 UNIVERSITY BLVD.
ST AUGUSTINE, FL 32086 US

Mailing Address

1 UNIVERSITY BLVD.
ST AUGUSTINE, FL 32086 US

66414248



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3166042

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PARIS, STANLEY V
1 UNIVERSITY BLVD.
ST. AUGUSTINE, FL 32086

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARIS, STANLEY V
STREET ADDRESS 1 UNIVERSITY BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE S
NAME PATLA, CATHERINE E
STREET ADDRESS 1 UNIVERSITY BLVD.
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE VPT
NAME ANDERSON, MATTHEW S
STREET ADDRESS 1 UNIVERSITY BLVD.
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

4-16-04

Date

Daytime Phone #