

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000008916

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**



01312007 No Chg-P CR2E034 (11/05)

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 of person authorized to register agent or officer

NOTE: Registered Agent signature required when registering

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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-STATE-ZIP	ST AUGUSTINE, FL 32086
TITLE	S
NAME	PATLA, CATHERINE E
STREET ADDRESS	1 UNIVERSITY BLVD
CITY-STATE-ZIP	ST AUGUSTINE, FL 32086
TITLE	VPT
NAME	ANDERSON, MATTHEW S
STREET ADDRESS	1 UNIVERSITY BLVD.
CITY-STATE-ZIP	ST AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/16/07-80047-023 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley Paris

Date

Daytime Phone #

2/7/07 904-826-0084