CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009786 (2)

1. Corporation Name
ST. AUGUSTINE HEALTH CARE, INC.

Principal Place of Business
4603 APPLE RIDGE LANE
TAMPA FL 33624

Mailing Address
4603 APPLE RIDGE LANE
TAMPA FL 33624

3. Date Incorporated (or Qualified): 02/03/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 3550 BUSCHWOOD PARK DR
22 Suite, Apt. # or Bldg.: 230
23 City & State: TAMPA FLORIDA
24 Zip: 33618 25 County: HILLSBOROUGH

2a. Mailing Address
26 3550 BUSCHWOOD PARK DR
27 Suite, Apt. # or Bldg.: 230
28 City & State: TAMPA FLORIDA
29 Zip: 33618 30 County: HILLS

4. FEI Number: 59-3221445
Applied For / Not Applicable

5. Certificate of Status Requested [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. The corporation desires to participate in Section 607.0505 Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ELLIS, CYNTHIA C
SCHIFINO & FLEISCHER, P.A.
ONE TAMPA CITY CENTER, SUITE 2700
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is N.G.A. or Suite)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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. The corporation is duly authorized to transact business in Florida. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of registered agent under Section 607.0505 Florida Statutes.

SIGNATURE: Dennis P.H Mihale Dennis P.H Mihale 4/30/95
(Signature of a Director or Officer of the Corporation or Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MIHALE, DENNIS P MD
ADDRESS	4603 APPLE RIDGE LANE
CITY, ST, ZIP	TAMPA FL 33624
TITLE	VCD
NAME	SPIEGEL, PHILIP G MD
ADDRESS	4603 APPLE RIDGE LANE
CITY, ST, ZIP	TAMPA FL 33624
TITLE	D
NAME	FOSTER, JOHN
ADDRESS	4603 APPLE RIDGE LANE
CITY, ST, ZIP	TAMPA FL 33624
TITLE	D
NAME	MITCHELL, ED
ADDRESS	4603 APPLE RIDGE LANE
CITY, ST, ZIP	TAMPA FL 33624

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19__

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[X] Change [ ] Addition
D
MITCHELL ED
4603 APPLE RIDGE LANE
TAMPA FL 33624
DELETE FROM LIST

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is true and complete. I understand that the corporation is liable for the corporate assessment fee and that it may be administratively dissolved if the fee is not paid. I hereby certify that the corporation has filed all applicable Florida sales tax returns and that it is current in the payment of all sales tax liabilities. I understand that the corporation is liable for the payment of Florida sales tax if it is found to be delinquent. I hereby certify that I am an officer or director of the corporation or other agent with authority to sign this document. I understand that I am signing under oath and that the information I have provided is true and accurate.

SIGNATURE: Dennis P.H Mihale Dennis P.H Mihale CEO 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0300112 CP