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PROFIT CORPORATION ANNUAL REPORT



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

1996

## DOCUMENT # P9400009786 (2)

ST. AUGUSTINE HEALTH CARE, INC.

Principal Place	of Business		Mailing Address				a immirm fir bell iffiliti	AIAII AAIII ESIII A		116 19111 18881	18118 E114 1881
3550 BUSCHW	OOD PARK DR		3550 BUSCHWOOD	PARK DR							
SUITE 230	40		SUITE 230								
TAMPA FL 336 US	18		TAMPA FL 33618 US			3.	Date Incorporated	or Qualified	3a. Da	te of Last Re	port
							02/03/1994		0	5/01/199	5
<ol><li>Principal Pla</li></ol>	ice of Business		2a. Mailing Address			4.	FEI Number				Applied For
1			26				<u>59-3221445</u>	5		1	Not Applicable
Suite. Apt. #	f, etc		Suite, Apt. #, etc	0.		5.	Certificate of Statu	us Desired			Additional
2			27							<del>-</del>	Required
Oity & State			City & State			6.	Election Campaign Trust Fund Contrib				May Be
<b>3</b> ∫ Zijo	1 66	ountry	Zip	Cor	untry		This corporation h		intannible	· · · · · · · · · · · · · · · · · · ·	100 032
4]	25	,	29	30	anto y	6.	Florida Statutes	Yes		IEA UNOOF S	199.002,
1	<u> </u>	ddress of Curren	t Registered Agent	11	T	10.	Name and Addre	ess of New R	legistered	Agent	
					81 Name	)					
ELLIS, CY	ATHIA C				82 Stree	Addross (D	P.O. Box Number is	Not Accoutab	Jal		
	& FLEISCHER,	PA			02 3000	( AUCHOSS (	.O. DOX NOTICE IS	No. Accepted	, c		
	IPA CITY CENTE				83						
TAMPA FI		,,, 00,112 2,700			84 City					ler 7	Codo
17 3791 73 1 1	L 0000L				84 City				FI	_  85   Zi	o Code
11. Pursuant t	o the provisions of t	Sections 607.0502	and 607.1508, Florida S	tatutes, the ab	ove-named	corporation s	submits this statem	ent for the pur	pose of cl	hanging its r	egistered offic
or registere familiar wit	ed agent, or both, in h. and accept the c	n the State of Floric liblications of, Secti	da. Such change was aut ion 607.0505, Florida Sta	horized by the tutes.	corporation'	s board of d	lirectors. I hereby a	ccept the app	ointment a	is registered	agent. I am
	.,										
CICHATHOR											
	Signature, typed or printed	name of registered agent	and the Pappidable	(NOTE Registere	d Agent signatur	required when	reinstating)		DATE		
	Stgmature, typed or printed	name of registereo agent OFFICERS AND	D DIRECTORS	13.	d Agent signaturi	required when r	einstating) ADDITIONS/CHAN	NGES TO OFF			
12.	Standure: typed or printed			13.	d Agent signaturi DTLE	required when r		NGES TO OFF		D DIRECTO	RS IN 12
12. HILF	r	OFFICERS AND	D DIRECTORS	13. 1 1		coursed when r		NGES TO OFF			
12. THILF NAME	CD	OFFICERS AND	D DIRECTORS	13. 1 1 12N	TITLE	C/D/P		NGES TO OFF			
12. THE NAME STREET ADDRESS	CD MIHALE, DENN	OFFICERS AND IIS P MD IDGE LANE	D DIRECTIONS	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TITLE	401		NGES TO OFF		Change .	☐ Addition
12. THEF NAME STREET ADDRESS CHY+ST-ZIP	CD MIHALE, DENN 4603 APPLE R	OFFICERS AND IIS P MD IDGE LANE	D DIRECTORS	13. 1 1 1 12.h 13.\$ 14.0	TITLE IAME TREET ADDRESS	4/D/P S/D	ADDITIONS/CHAN		ICERS AN		
12.  HILE  NAME  STREET ADDRESS  CHY-ST-ZIP	CD Mihale, Denn 4603 apple R Tampa Fl 336	OFFICERS AND IIS P MD IDGE LANE 124	D DIRECTIONS	13. 1 1 1 12 M 13 S 14 C 2 1	TITLE IAME ITREET AODRESS ITY-ST-ZIP	4/D/P S/D	ADDITIONS/CHAN		ICERS AN	Change .	☐ Addition
12. THE NAME STREET ACORESS CHY-ST-ZIP THE	CD MIHALE, DENN 4603 APPLE R TAMPA FL 336 VOD SPIEGEL PHIE 4603 APPLE R	OFFICERS AND  IS P MD  IDGE LANE  24  IP G MD  IDGE LANE	D DIRECTIONS	13. 11' 12h 138 140 21' 22h	TITLE IAME STREET AODRESS SITY-ST-ZIP	S/D MIHA	ADDITIONS/CHAN	ON OCE MAN	ICERS AN	Change .	☐ Addition
12. THEF NAME STREET ACCITESS CHY-ST-ZIP THEF NAME STREET ACCITESS	CD MIHALE, DENN 4603 APPLE R TAMPA FL 336 <del>VOD</del> SPIEGEL, PHIE	OFFICERS AND  IS P MD  IDGE LANE  24  IP G MD  IDGE LANE	D DIRECTORS DELETE	13. 111 128 13.5 14.0 2.1 22.6 23.5 24.0	TITLE IAME STREET ADDRESS BITY-ST-ZIP TITLE	SD MIHA 4603 TAM	ADDITIONS/CHAN	ON OCE MAN	ICERS AN	Change	Addition
12. THE NAME STREET ACCRESS CHY-ST-ZIP THE NAME STREET ACCRESS CHY-ST-ZIP	CD MIHALE, DENN 4603 APPLE R TAMPA FL 336 VOD SPIEGEL PHIE 4603 APPLE R	OFFICERS AND  IS P MD  IDGE LANE  24  IP G MD  IDGE LANE	D DIRECTIONS	13. 111 12h 13S 14C 21 22h 23S 24G	TITLE IAME THEFT ADDRESS DITY-ST-ZIP TITLE IAME STREET ADDRESS	SD MIHA 4603 TAM	ADDITIONS/CHAN	ON OGE 1AN 13624	ICERS AN	Change .	☐ Addition
12. THE NAME SIREELADDRESS CHY-ST-ZIP THE NAME STREELADDRESS CHY-ST-ZIP	CD MIHALE, DENN 4603 APPLE R TAMPA FL 336 VOD SPIEGEL, PHIE 4603 APPLE R TAMPA FL 336 FOSTER, JOHN	OFFICERS AND  IS P MD  IDGE LANE  124  IP G MD  IDGE LANE	D DIRECTORS DELETE	13. 111 12h 138 14C 211 22h 238 24C 311	TITLE IAME ITREFT ADDRESS ITY-ST-ZIP TITLE IAME ITREET ADDRESS ITREET ADDRESS	SD MIHA 4603 TAMI	ADDITIONS/CHAN  LE, SHARO ADARERIO PA, FL. 3	0N 0GE 1AN 13624 M	ICERS AN	Change	Addition
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112.  THEF NAME STREET ADDRESS CHY-ST-ZIP	CD MIHALE, DENN 4603 APPLE R TAMPA FL 336 VOD SPIEGEL, PHIE 4603 APPLE R TAMPA FL 336 FOSTER, JOHN	OFFICERS AND  IS P MD  IDGE LANE  124  IP G MD  IDGE LANE  124  IDGE LANE	D DIRECTORS  DELETE  DELETE	13. 111 12h 138 14C 211 22h 238 24C 311 32h 33.9	TITLE  IAME  STREET ADDRESS  TITLE  IAME  STREET ADDRESS  STREET ADDRESS  ITLE  IAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	S/D/P S/D/P MIHA 4603 TAMA V/D N/ESTI 17503	ADDITIONS/CHAN  LE, SHARO ADARERIO PA, FL. 3	ON OSE 1AN 13624 M 1864 DR.	ICERS AN	Change  Change	Addition  Addition
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12.  THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME	CD MIHALE, DENN 4603 APPLE R TAMPA FL 336 VOD' SPIEGEL, PHIE 4603 APPLE R TAMPA FL 336 FOSTER, JOHN 4600 APPLE R	OFFICERS AND  IS P MD  IDGE LANE  124  IP G MD  IDGE LANE  124  IDGE LANE	D DIRECTORS  DELETE  DELETE	13. 111 12N 138 140 211 22N 238 240 311 32N 33. 340 4.1 42N 438	TITLE  IAME  STREET ADDRESS  TITLE  IAME  IAME  STREET ADDRESS	SID MIHA 4603 TAMIN VID STEF 8703	ADDITIONS/CHAN  ALE, SHARD A PA, FL. 3  WILLIAM B'EONBUR  OA, FL. 3	ON OSE JAN 13624 M 1864 D.R. 3647 ORGE JA	E.	Change  Change	Addition  Addition  Addition
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SIGNATURE: WILLIAM NESTA DIRECTOR 1/16/96 813-935-0

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A CONTRACT THE STATE MAIN CONTRACT DESIGNATION AND A CONTRACT SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE