

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000009786 (2)

1. Corporation Name

ST. AUGUSTINE HEALTH CARE, INC.



Principal Place of Business

3550 BUSCHWOOD PARK DR  
SUITE 230  
TAMPA FL 33618  
US

Mailing Address

3550 BUSCHWOOD PARK DR  
SUITE 230  
TAMPA FL 33618-4437  
US

3. Date Incorporated or Qualified

02/03/1994

3a. Date of Last Report

01/23/1996

4. FEI Number

59-3221445

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 1511 N. Westshore Blvd.

Suite, Apt. #, etc.

22 7th Floor

City & State

23 Tampa, Florida

Zip

24 33607

Country

25 U.S.A.

2a. Mailing Address

26 1511 N. Westshore Blvd

Suite, Apt. #, etc.

27 7th Floor

City & State

28 Tampa, Florida

Zip

29 33607

Country

30 U.S.A.

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 Not Acceptable)

83

84 City

FL

85 Zip Code

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 CDP ☐ DELETE

NAME MIHALE, DENNIS P MD  
STREET ADDRESS 4803 APPLE RIDGE LANE  
CITY- ST- ZIP TAMPA FL

TITLE SD ☐ DELETE

NAME MIHALE, SHARON  
STREET ADDRESS 4803 APPLE RIDGE LANE  
CITY- ST- ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME NESTA, WILLIAM  
STREET ADDRESS 17503 EDINBURGH DR.  
CITY- ST- ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME STEFFENS, GEORGE J  
STREET ADDRESS 8705 EAGLE COVE CT.  
CITY- ST- ZIP TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1/17/97

Date

813-288-7600

Daytime Phone #

CR2E034 (9/96)