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FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

P94000009786

St. Augustine Health Care, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/3/94

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1511 N. Westshore Blvd.

Suite, Apt. #, etc.

22 7th Floor

City & State

23 Tampa, FL

Zip

24 33607

Country

25 USA

2a. Mailing Address

26 1511 N. Westshore Blvd.

Suite, Apt. #, etc.

27 7th Floor

City & State

28 Tampa, FL

Zip

29 33607

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ellis, Cynthia C.
Schifino & Fleischer, P.A.
One Tampa City Center
Tampa, FL 33602

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 of officer or director of corporation (as applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDP ☐ DELETE

NAME Mihale, Dennis P. M.D.

STREET ADDRESS 4603 Apple Ridge Lane

CITY-ST-ZIP Tampa, FL

TITLE SD ☐ DELETE

NAME Mihale, Sharon

STREET ADDRESS 4602 Apple Ridge Lane

CITY-ST-ZIP Tampa, FL

TITLE VD ☐ DELETE

NAME Nesta, William A.

STREET ADDRESS 17503 Edinburgh Drive

CITY-ST-ZIP Tampa, FL

TITLE VD ☒ DELETE

NAME Steffens, George J.

STREET ADDRESS 8705 Eagle Cove Court

CITY-ST-ZIP Tampa, FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. 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 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:

William A. Nesta

3/5/98 (813) 288-7600

Date

Daytime Phone

CR2E034 (10/97)