SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT **1998**

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

99 FEB 25 PM 12:05

DOCUMENT # P94000009786

1. Corporation Name

St. Augustine Health Care, Inc.

Principal Place of Business	Mailing Address
1511 N. Westshore Blvd. Seventh Floor Tampa, FL 33607	Post Office Box 749 Gainesville, FL 32602

800002792268--3
-03/02/99--01061--020
****158.75 ****158.75
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: February, 1994

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

9. Name and Address of Current Registered Agent

Nesta, William
17503 Edinburg Drive
Tampa, FL

10. Name and Address of New Registered Agent

81 Name: Ted Nichols
82 Street Address (P.O. Box Number is Not Acceptable): 4300 NW 89 Blvd.
83
84 City: Gainesville — Zip Code: 32606

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-03/02/99--01061--020 ****150.00

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: Ted Nichols — Ted Nichols — 2/9/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPP	☒ DELETE	11 TITLE	D/P/C	☐ Change ☒ Addition
NAME	Mihale, Dennis P.		12 NAME	Peddie, Edward C.	
STREET ADDRESS	4603 Apple Ridge Lane		13 STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Tampa, FL		14 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DS	☒ DELETE	21 TITLE	DS	☐ Change ☒ Addition
NAME	Mihale, Sharon		22 NAME	Hannum, Edwin	
STREET ADDRESS	4603 Apple Ridge Lane		23 STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Tampa, FL		24 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DVsta, William	☒ DELETE	31 TITLE	D/V/AS	☐ Change ☒ Addition
NAME	Nesta, William		32 NAME	Hughey, P. Jan	
STREET ADDRESS	17503 Edinburg Drive		33 STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Tampa, FL		34 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		☐ DELETE	41 TITLE	D/T	☐ Change ☒ Addition
NAME			42 NAME	Hairston, Don	
STREET ADDRESS			43 STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP			44 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		☐ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME			52 NAME	Hudson, Robert C.	
STREET ADDRESS			53 STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP			54 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

DB 2-25-99

CR2E034 (5/98)

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: Don Hairston — Don Hairston — 2/9/99 — 352-337-8711