

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000028369		
1. Entity Name ST. AUGUSTINE SPECIALTY GROUP, P.A.		
Principal Place of Business 3100 US 1 S., STE. 3 ST. AUGUSTINE, FL 32086		Mailing Address 3100 US 1 S., STE. 3 ST. AUGUSTINE, FL 32086
DO NOT WRITE IN THIS SPACE		
		 04282004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3435354 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER, & MCCORMICK, P.A. 50 NORTH LAURA STREET STE 2750 JACKSONVILLE, FL 32201		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, HOWARD A III 3100 US 1 S., STE. 3 ST. AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHEWS, LAURENCE M 3100 US 1 S., STE. 3 ST. AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/04 Date Daytime Phone #