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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90110 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088583

1. Corporation Name

ST. AUGUSTINE HEALTH CARE & REHABILITATION, INC.

Principal Place of Business

**460 BRIARWOOD DRIVE STE. 410
JACKSON MS 39206**

Mailing Address

**P.O. BOX 12000
JACKSON MS 39236-2000**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

64-0893772

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 ☐ DELETE
NAME **D**
STREET ADDRESS **BLACK, JOHN L JR**
CITY-ST-ZIP **235 ST ANDREWS
JACKSON MS 38211**

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **DUNBAR, CHAUNCEY R**
CITY-ST-ZIP **2339 TIFFANY CIRCLE
FLORENCE MS 39073**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ARNOLD, BOBBY R**
CITY-ST-ZIP **4680 HICKORY DRIVE
JACKSON MS 39211**

TITLE ☒ DELETE
NAME **VP**
STREET ADDRESS **WALDROP, MARK**
CITY-ST-ZIP **106 CRIMSON LANE
BRANDON MS 39046**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BLACK, JOHN L III**
CITY-ST-ZIP **46 NORTHTOWN DRIVE
JACKSON MS 39211**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **870 HWY. 469 SOUTH**
24 CITY-ST-ZIP **FLORENCE, MS 39073**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition
42 NAME **VP**
43 STREET ADDRESS **ANN T. DUKES**
44 CITY-ST-ZIP **150 WILLOW WAY DRIVE
FLORA, MS 39071**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered.

SIGNATURE:

Chauncey R Dunbar Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

601-956-1013

Date

Daytime Phone #

CR2E034 (11/98)