SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 768974 (8)

1. Corporation Name
ST. JOHNS COUNTY MEDICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
PO BOX 1598 ST AUGUSTINE FL 32085 US	PO BOX 1598 ST AUGUSTINE FL 32085 US

3. Date Incorporated or Qualified: 06/17/1983
3a. Date of Last Report: 06/23/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 105 Southpark Blvd.
Suite, Apt. #, etc.
27 B202
City & State
28 St. Augustine, Fl.
Zip 29 32086 Country 30 St. Johns

4. FEI Number: 59-2936909 ☐ 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

9. **Name and Address of Current Registered Agent**

VASSALLO, JOHN M
1955 US 1 S
SUITE D1
ST AUGUSTINE FL 32085

10. **Name and Address of New Registered Agent**

81 Name: Albert G. Volk, M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~105 Southpark Blvd. Suite B202~~
84 City: St. Augustine FL 85 Zip Code: 32086

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Albert G. Volk Albert G. Volk Secretary/Treasurer 6/11/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VASSALLO, JOHN M 1955 US 1 SOUTH D-1 ST AUGUSTINE FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MALIK, AMIR SOUTH PARK BLVD ST AUGUSTINE FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SIGNOR, ROBERT N 201 HEALTH PARK BLVD STE 105 ST. AUGUSTINE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Roy Hinman, M.D. President 1099 A1A Beach Blvd. St. Augustine, Florida 32084	☐ Change ☑ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Robert Signor, M.D. Vice President 201 Health Park Blvd. Suite 105 St. Augustine, Fl. 32086	☐ Change ☑ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Albert G. Volk, M.D. 105 Southpark Blvd. B202 St. Augustine, Florida 32086	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Albert G. Volk 6/11/96 (904) 824-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #