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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 768974

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

Principal Place of Business	Mailing Address
PO BOX 1598 ST AUGUSTINE FL 32085 US	1100-1 S. PONCE DE LEON BLVD ST. AUGUSTINE FL 32086 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/17/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2936909 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HUND, III, M.D., PAUL W
1100-1 S PONCE DE LEON BLVD
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VOLK, ALBERT MD 105 SOUTH PARK BLVD, STE B202 ST AUGUSTINE FL 32086	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition PD Volk, Albert M.D. 105 South Park Blvd, Ste B202 St Augustine, FL 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAS, MIGUEL A J MD 1955 US 1 SOUTH ST AUGUSTINE FL 32086	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VPD Paul W. Hund, III, M.D. 1100 S Ponce de Leon Blvd, Ste 1 St Augustine, FL 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HUND, III, M.D., PAUL W 1100-1 S PONCE DE LEON BLVD ST AUGUSTINE FL 32086	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition STD Thad D. Hardin, M.D. 1100 S Ponce de Leon Blvd, Ste 1 St Augustine, FL 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALEY, BRUCE D 1690 US 1 SOUTH, SUITE A ST AUGUSTINE FL 32086	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition D Bruce Paley 205 SouthPark Blvd St Augustine, FL 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 617, 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: X SIGNATURE REQUIRED 2/16/99 (904) 829-2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #