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



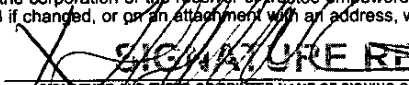
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/17/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2936909	
24 Country		29 Country		30	
5. Certificate of Status Desired ☐				Applied For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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUND, III, M.D., PAUL W 1100-1 S PONCE DE LEON BLVD ST AUGUSTINE FL 32086				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME VOLK, ALBERT MD STREET ADDRESS 105 SOUTH PARK BLVD, STE B202 CITY-ST-ZIP ST AUGUSTINE FL 32086			1.1 TITLE PD 1.2 NAME Volk, Albert M.D. 1.3 STREET ADDRESS 105 South Park Blvd, Ste B202 1.4 CITY-ST-ZIP St Augustine, FL 32086		
TITLE VPD NAME MAS, MIGUEL A J MD STREET ADDRESS 1955 US 1 SOUTH CITY-ST-ZIP ST AUGUSTINE FL 32086			2.1 TITLE VPD 2.2 NAME Paul W. Hund, III, M.D. 2.3 STREET ADDRESS 1100 S Ponce de Leon Blvd, Ste 1 2.4 CITY-ST-ZIP St Augustine, FL 32086		
TITLE STD NAME HUND, III, M.D., PAUL W STREET ADDRESS 1100-1 S PONCE DE LEON BLVD CITY-ST-ZIP ST AUGUSTINE FL 32086			3.1 TITLE STD 3.2 NAME Thad D. Hardin, M.D. 3.3 STREET ADDRESS 1100 S Ponce de Leon Blvd, Ste 1 3.4 CITY-ST-ZIP St Augustine, FL 32086		
TITLE D NAME PALEY, BRUCE D STREET ADDRESS 1690 US 1 SOUTH, SUITE A CITY-ST-ZIP ST AUGUSTINE FL 32086			4.1 TITLE D 4.2 NAME Bruce Paley 4.3 STREET ADDRESS 205 SouthPark Blvd 4.4 CITY-ST-ZIP St Augustine, FL 32086		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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:  **SIGNATURE REQUIRED** 2/16/99 (904) 829-2286

CR2E037 (11/98)