2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
06-19-2001 90005 047 ****61.25

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DOCUMENT # 768974

1. Entity 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

A0073654

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
165 SouthPark Blvd.	165 SouthPark Blvd.
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.: C
City & State: St. Augustine FL	City & State: St. Augustine FL
Zip: 32086 Country: St. Johns	Zip: 32086 Country: St. Johns

4. FEI Number 59-2936909 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TALIAFERRO, A CORT MD 165 SOUTHPARK BLVD ST AUGUSTINE FL 32086	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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 $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOBBERTEIN, MARK DO 228 SOUTHPARK CIR E ST AUGUSTINE FL 32086	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAS JR, MIGUEL A MD 300 HEALTH PARK BLVD ST AUGUSTINE FL 32086	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TALIAFERRO, A CORT MD 165 SOUTHPARK BLVD ST AUGUSTINE FL 32086	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALEY, BRUCE D 1690 US 1 SOUTH, SUITE A ST AUGUSTINE FL 32086	☒ Delete	D Miguel Machado MD 301 Health Park Blvd. Suite 216 St. Augustine, FL 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 617, 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 REQUIRED A. Cort Taliaferro MD (904) 823-8823