2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# 768974

Entity Name: ST. JOHNS COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

555 BISHOPGATE LANE
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

555 BISHOPGATE LANE
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-2936909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLANT, JR., REUBEN J MD
84 VILLAGE DEL LAGO CIRCLE
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MILLSON, JAY W MR.
555 BISHOPGATE LANE
JACKSONVILLE, FL 32204 US

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: JAY W. MILLSON 04/20/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	PLANT, JR., REUBEN J MD	
Address:	84 VILLAGE DEL LAGO CIRCLE	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
Title:	S/D	( ) Delete
Name:	PATEL, JIGNESH R MD	
Address:	1 ST. JOHNS MEDICAL PARK DR. #A	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	V/D	( ) Delete
Name:	HOSSAIN, TAWHID S MD	
Address:	301 HEALTH PARK BLVD. #215	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	D	( ) Delete
Name:	MAS, JR., MIGUEL A MD	
Address:	301 HEALTH PARK BLVD. #3006	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	T/D	( ) Delete
Name:	PATEL, JIGNESH R MD	
Address:	1 ST. JOHNS MEDICAL PARK DR. #A	
City-St-Zip:	ST. AUGUSTINE, FL 32086	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P/D	(X) Change ( ) Addition
Name:	HOSSAIN, TAWHID S MD	
Address:	301 HEALTH PARK BLVD. #215	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V/D	(X) Change ( ) Addition
Name:	NEERUKONDA, SUHAS P MD	
Address:	240 SOUTHPARK CIR. E.	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	D	(X) Change ( ) Addition
Name:	PLANT, REUBEN J MD	
Address:	84 VILLAGE DEL LAGO CIRCLE	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	EVP	( ) Change (X) Addition
Name:	MILLSON, JAY W MR.	
Address:	555 BISHOPGATE LANE	
City-St-Zip:	JACKSONVILLE, FL 32204	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY W. MILLSON MR. 04/20/2005
Electronic Signature of Signing Officer or Director Date