

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768974

FILED  
Apr 06, 2006  
Secretary of State

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:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: HOSSAIN, TAWHID S MD  
Address: 301 HEALTH PARK BLVD. #215  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: NEERUKONDA, SUHAS P MD  
Address: 240 SOUTHPARK CIR. E.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: PLANT, REUBEN J MD  
Address: 84 VILLAGE DEL LAGO CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: EVP ( ) Delete  
Name: MILLSON, JAY W MR.  
Address: 555 BISHOPGATE LANE  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: NEERUKONDA, SUHAS P MD  
Address: 240 SOUTHPARK CIR. E.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S/D (X) Change ( ) Addition  
Name: ISICOFF, MICHAEL MD  
Address: 416 OCEAN GROVE CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V/D (X) Change ( ) Addition  
Name: GOMEZ, ENEIDA MD  
Address: 1955 US HWY 1 S. STE C-2  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change ( ) Addition  
Name: HOSSAIN, TAWHID S MD  
Address: 301 HEALTH PARK BLVD. #215  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T/D (X) Change ( ) Addition  
Name: ISICOFF, MICHAEL MD  
Address: 416 OCEAN GROVE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

EVP

04/06/2006

Electronic Signature of Signing Officer or Director

Date