2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
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:

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 ( ) Delete
Name: GOMEZ, ENEIDA MD
Address: 1955 US 1 SO. #C-2
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: PE ( ) Delete
Name: SAIKALY, BASHAR MD
Address: 16 ST. JOHNS MEDICAL PARK DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ST ( ) Delete
Name: ISICOFF, MICHAEL A MD
Address: 416 OCEAN GROVE CIR.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: IPP ( ) Delete
Name: NEERUKONDA, SUHAS P MD
Address: 1301 PLANTATION ISLAND DR. #105B
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SAIKALY, BASHAR MD
Address: 16 ST. JOHNS MEDICAL PARK DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: PE (X) Change ( ) Addition
Name: PLATKO, WILLIAM P MD
Address: 16 ST. JOHNS MEDICAL PARK DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ST (X) Change ( ) Addition
Name: BARROS, MELCHOR G MD
Address: 1301 PLANTATION ISLAND DR. S. #102B
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

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

I hereby certify that the information supplied with this filing does not qualify 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 MR. 04/04/2008
Electronic Signature of Signing Officer or Director Date