

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768974

FILED
Mar 23, 2011
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
Name: SOKOLAY, MARC MD
Address: 8461 HARDWOOD LANDING RD.
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: PE
Name: DIBELLA, MICHAEL C MD
Address: 400 HEALTH PARK BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: ST
Name: KLUGER, WARREN S MD
Address: 3100 US 1 SOUTH #2
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: IPP
Name: TESSLER, MICHAEL P MD
Address: 232 SOUTHPARK CIRCLE E.
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: JAY W. MILLSON

RA

03/23/2011

Electronic Signature of Signing Officer or Director

Date