

FILE NOW: FILING FEE AFTER MAY 1 IS \$105.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25556 (4)

1. Corporation Name

SOUTHPARK MEDICAL ASSOCIATION, ST. AUGUSTINE OWN
ERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

212 SOUTHPARK CIRCLE E
ST. AUGUSTINE FL 32086

212 SOUTHPARK CIRCLE E
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1988

3a. Date of Last Report

11/17/1994

4. FEI Number

59-2935392

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

24

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIFF, MICHAEL DR.
212 SOUTHPARK CIRCLE E.
ST. AUGUSTINE FL 32086

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of person named in Block 9 as registered agent and that I agree with

Signature of person named in Block 10 as registered agent and that I agree with

Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHIFF, MICHAEL DR.
STREET ADDRESS	212 SOUTHPARK CIRCLE E.
CITY, ST, ZIP	ST. AUGUSTINE FL 32086
TITLE	VPD
NAME	EFFRON, BARRY DR.
STREET ADDRESS	1955 US 1 SOUTH
CITY, ST, ZIP	ST. AUGUSTINE FL 32086
TITLE	D
NAME	SELIG, KAREN DR.
STREET ADDRESS	236 SOUTHPARK CIRCLE E.
CITY, ST, ZIP	ST. AUGUSTINE FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

Signature of Secretary