

FILE NOW: FILING FEE IS \$61.25

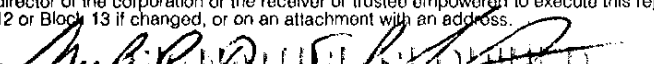
FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N25556 (4)					
1. Corporation Name SOUTHPARK MEDICAL ASSOCIATION, ST. AUGUSTINE OWNERS' ASSOCIATION, INC.					
Principal Place of Business 212 SOUTHPARK CIRCLE E ST. AUGUSTINE FL 32086			Mailing Address 212 SOUTHPARK CIRCLE E ST. AUGUSTINE FL 32086-5135		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1988	
21		2a		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2935392	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent SCHIFF, MICHAEL DR. 212 SOUTHPARK CIRCLE E. ST. AUGUSTINE FL 32086			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		PD		1.1 TITLE	
NAME		SCHIFF, MICHAEL DR.		1.2 NAME	
STREET ADDRESS		212 SOUTHPARK CIRCLE E.		1.3 STREET ADDRESS	
CITY-ST-ZIP		ST. AUGUSTINE FL 32086		1.4 CITY-ST-ZIP	
TITLE		VPD		2.1 TITLE	
NAME		EFRON, BARRY DR.		2.2 NAME	
STREET ADDRESS		1955 US 1 SOUTH		2.3 STREET ADDRESS	
CITY-ST-ZIP		ST. AUGUSTINE FL 32086		2.4 CITY-ST-ZIP	
TITLE		D		3.1 TITLE	
NAME		SELIQ, KAREN DR.		3.2 NAME	
STREET ADDRESS		236 SOUTHPARK CIRCLE E.		3.3 STREET ADDRESS	
CITY-ST-ZIP		ST. AUGUSTINE FL 32086		3.4 CITY-ST-ZIP	
TITLE				4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	



CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  11/20/97