## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## **DOCUMENT # N25556**

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

Pnn	cipal Place of Business
212	SOUTHPARK CIRCLE E
ST.	AUGUSTINE FL 320861

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

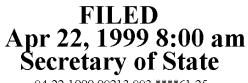
Suite, Apt. #, etc.

City & State

26

28

212 SOUTHPARK CIRCLE E ST. AUGUSTINE FL 32086



04-22-1999 90213 003 \*\*\*\*61.25



Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

03/23/1988

59-2935392

4. FEI Number

Zip	Country	Zip	Country	-	6. Election Campaign Financing	\$5.00	•
24	25	29	30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
	4		81	Name			
SCHIFF, I	MICHAEL DR.		82	Street Addres	ss (P.O. Box Number is Not Acceptab	ole)	
212 SOUT	THPARK CIRCLE E.	4					
ST. AUGL	ISTINE FL 32086		83			•	ļ
*.			84	City		FL 85 Zip C	ode
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	r Fiorida. Such chande was	authorized by ti	named corporation	ration submits this statement for the parties to board of directors. I hereby accept	urpose of changing its the appointment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Agent	signature required		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD	☐ DELETE	1.1 TITLE		•	☐ Change	☐ Addition
NAME	SCHIFF, MICHAEL DR.		1.2 NAME				
STREET ADDRESS	212 SOUTHPARK CIRCLE E.	•	1.3 STREET	ADDRESS			
CTTY-ST-ZIP	ST. AUGUSTINE FL 32086	·	1,4 CITY+ST-	ZIP '			
TITLE	VPD	☐ DELETE	2.1 TITLE	,		☐ Change	☐ Addition
NAME	TESSLER, MICHAEL	•	2.2 NAME	}			,
STREET ADDRESS	232 SOUTHPARK CIR E		2.3 STREET	ADDRESS			
CITY+ST-ZIP	ST. AUGUSTINE FL 32086		2.4 CITY-ST	-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE	D .	☐ DELETE	3.1 TITLE			Change	Addition !
NAME	SELIG, KAREN DR.	1	3,2 NAME				
STREET ADDRESS	,		3.3 STREET	ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		3,4, CITY- ST	-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		1	4, 2 NAME		t.		1
STREET ADDRESS		1	4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			CT Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	,	•	5.2 NAME			•	
STREET ADDRESS			5.3 STREET	1 [			
CITY-ST-ZIP		·	5.4 CITY-ST-	ZIP			C A
TITLE'		☐ DELETE	6.1 TITLE			Change	Addition
NAME .	. 1		6.2 NAME				
STREET ADDRESS			6.3 STREET				•
CITY-ST-ZIP			6.4 CITY-ST			# 44	-fatlan
44 1 bosoby	cortification information complied with	this filing does not qualify t	for the evernation	n stated in Se	ection 119.07(3)(i), Florida Statutes. I	turner certify that the i	nomation

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 equired 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, with all other like impossed.