2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
03-07-2001 90006 002 ****61.25

DOCUMENT # N25556

1. Entity Name

SOUTHPARK MEDICAL ASSOCIATION, ST. AUGUSTINE OWN

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

2. Principal Place of Business	3. Mailing Address
208 SOUTHPARK CIRCLE E	208 SOUTHPARK CIRCLE E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE FL	City & State: ST AUGUSTINE FL
Zip: 32086 Country: ST. JOHNS	Zip: 32086 Country: ST. JOHNS

4. FEI Number 59-2935392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: VAIL, RONALD G. DC.
Street Address (P.O. Box Number is Not Acceptable): 208 SOUTHPARK CIRCLE EAST
City: ST. AUGUSTINE FL Zip Code: 32086

8. 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 _____ 3/2/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHIFF, MICHAEL DR. 212 SOUTHPARK CIRCLE E. ST. AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VAIL, RONALD G. DC. 208 SOUTHPARK CIRCLE E. ST. AUGUSTINE FL 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TESSLER, MICHAEL 232 SOUTHPARK CIR E ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELIG, KAREN DR. 236 SOUTHPARK CIRCLE E. ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/00)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED VAIL, D.C. 3/2/01 904/824-8351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #