2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N25556

1. Entity Name
SOUTHPARK MEDICAL ASSOCIATION, ST. AUGUSTINE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
208 SOUTHPARK CIRCLE EAST ST. AUGUSTINE, FL 32086	208 SOUTHPARK CIRCLE EAST ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

02152004 No Chg-NP CR2E037 (10/03)

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

VAIL, RONALD G DC
208 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	TESSLER, MICHAEL
STREET ADDRESS	232 SOUTHPARK CIR E
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D
NAME	HAASE, JAMES
STREET ADDRESS	2155 OLD MOULTRIE RD STE 101
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	PD
NAME	VAIL, RONALD G DC
STREET ADDRESS	208 SOUTHPARK CIRCLE EAST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/04-80026-005 61.25

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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: _____ 4-2-04 904 794-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #