


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90082 042 ****61.25

DOCUMENT # N25556 1. Entity Name SOUTHPARK MEDICAL ASSOCIATION, ST. AUGUSTINE OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 208 SOUTHPARK CIRCLE EAST ST. AUGUSTINE, FL 32086	Mailing Address 208 SOUTHPARK CIRCLE EAST ST. AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE



03272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2935392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MALIK, AMIR M D 204 SOUTH PARK CIR E ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAASE, JAMES 2155 OLD MOULTRIE RD STE 101 ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAIL, RONALD G DC 208 SOUTHPARK CIRCLE EAST SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *JAMES HAASE* 5/1/2006 904/797-4530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #