2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N25556

1. Entity Name SOUTHPARK MEDICAL ASSOCIATION, ST. AUGUSTINE



FILED May 14, 2007 8:00 am Secretary of State

05-14-2007 90065 010 ****61.25

OWNERS' ASSOCIATION, INC.				STED!					
Principal Place of Business 208 SOUTHPARK CIRCLE EAST ST. AUGUSTINE, FL 32086		Mailing Address 208 SOUTHPARK CIRCLE EAST ST. AUGUSTINE, FL 32086			च .च				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242007 _{Ch}	g-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-2935392	2			plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired		8.75 Add	
	6. Name and Address of Current F	Registered Agent			7. Name and Addr	ess of New I	Registered A	gent	
VAIIRON	JAHD:G:DC===		Name						
VAIL; RONALD G DC			Street Addres		P.O. Box Number is N	lot Acceptab	le)		
	. *								
	₹ 3		City				FL	Zip Code	9
	named entity submits this statement for	the purpose of changing its re	egistered office or	r register	ed agent, or both, in t	he State of F	lorida. I am f	amiliar with,	and accept
	tions of registered agent.								
trie obligat	•								
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signat	ure required	when reinstating)		DATE		
_	Signature, typed of printed name of registered agent a	9. Election Camp	paign Financing		\$5.00 May Be		Make check		
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	Make check orlda Depart	ment of St	tate.
_	Signature, typed of printed name of registered agent a	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be	Flo	Make check orlda Depart	ment of St	110
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	Make check orlda Depart	ment of St	tate.
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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.

CIGNATIDE Fordd 6. Vail RONALD 6. VAIL 4/26/07 904/797-4330