

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25556

FILED  
Mar 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

208 SOUTHPARK CIRCLE EAST  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

208 SOUTHPARK CIRCLE EAST  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-2935392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: MALIK, AMIR M D  
Address: 204 SOUTH PARK CIR E  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: TESSLER, MICHAEL MD  
Address: 232 SOUTHPARK CIR. E  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: PD ( ) Delete  
Name: VAIL, RONALD G DC  
Address: 208 SOUTHPARK CIRCLE EAST  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RGVAIL

PD

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date