2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# N25556

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:

341-E WILDWOOD DRIVE
ST. AUGUSTINE, FL 32086

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RGVAIL PD 03/30/2010

Electronic Signature of Signing Officer or Director — Date