

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004282 (8)**

1. Corporation Name

SOUTH SPYGLASS MEDICAL DISTRICT ASSOCIATION, INC

Principal Place of Business

**7380 MURREL RD., STE. 201
VIERA FL 32940**

Mailing Address

**7380 MURREL RD., STE. 201
VIERA FL 32940-7947**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1995	3a. Date of Last Report 07/05/1996
21 7380 MURRELL RD.	26 7380 MURRELL RD.	4. FEI Number APPLIED FOR- 59-3343391		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 SUITE 201	27 SUITE 201	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		City & State			
23 VIERA FL	28 VIERA FL				
Zip	Country	Zip	Country		
24 32940	25	29 32940	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAKE, R. MASON
7380 MURREL RD., STE. 201
VIERA FL 32940**

81 Name BLAKE, R. MASON
82 Street Address (P.O. Box Number is Not Acceptable) 7380 MURRELL RD., SUITE 201
83
84 City VIERA
85 Zip Code FL 32940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **R. MASON BLAKE** **4/21/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, R. MASON	1.2 NAME	BLAKE, R. MASON
STREET ADDRESS	7380 MURREL RD., STE. 201	1.3 STREET ADDRESS	7380 MURRELL RD., SUITE 201
CITY-ST-ZIP	VIERA FL 32940	1.4 CITY-ST-ZIP	VIERA FL 32940
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECATOR, JAY A III	2.2 NAME	DECATOR, JAY A III
STREET ADDRESS	7380 MURREL RD., STE. 201	2.3 STREET ADDRESS	7380 MURRELL RD., SUITE 201
CITY-ST-ZIP	VIERA FL 32940	2.4 CITY-ST-ZIP	VIERA FL 32940
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, C. SCOTT	3.2 NAME	
STREET ADDRESS	7380 MURREL RD., STE. 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	VIERA FL 32940	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTELL, PAUL	4.2 NAME	MARTELL, PAUL
STREET ADDRESS	7380 MURREL RD., STE. 201	4.3 STREET ADDRESS	7380 MURRELL RD., SUITE 201
CITY-ST-ZIP	VIERA FL 32940	4.4 CITY-ST-ZIP	VIERA FL 32940
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **R. MASON BLAKE** **4/21/97 242-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0019885**

CR2E037 (9/96)