

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90552 039 ****61.25

DOCUMENT # N95000004282

1. Entity Name
**SOUTH SPYGLASS MEDICAL DISTRICT ASSOCIATION,
INC.**



Principal Place of Business

7380 MURRELL RD.
STE. 201
VIERA, FL 32940 US

Mailing Address

7380 MURRELL RD
STE. 201
VIERA, FL 32940 US

DO NOT WRITE IN THIS SPACE



04132004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3343391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DECATOR, JAY A I
7380 MURREL RD., STE. 201
VIERA, FL 32940

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MILLER, C SCOTT
STREET ADDRESS 7380 MURREL RD., STE. 201
CITY-ST-ZIP VIERA, FL

TITLE VD
NAME DECATOR, JAY A III
STREET ADDRESS 7380 MURREL RD., STE. 201
CITY-ST-ZIP VIERA, FL

TITLE TD
NAME MARTELL, PAUL
STREET ADDRESS 7380 MURREL RD., STE. 201
CITY-ST-ZIP VIERA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay A. Decator, III, Director 4/13/04 (321) 242-1200

Date

Daytime Phone #