


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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



04192006 No Chg-NP CRZE037 (11/05)

4. FEI Number 59-3343391	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**1000000540156
05/10/06-80008-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MILLER, C SCOTT 7380 MURREL RD., STE. 201 VIERA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DECATOR, JAY A III 7380 MURREL RD., STE. 201 VIERA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTELL, PAUL 7380 MURREL RD., STE. 201 VIERA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Paul Martell **4-21-06 321-242-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #