


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mosham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003209 (1)**
1. Corporation Name

SPYGLASS MEDICAL DISTRICT ASSOCIATION, INC.



Principal Place of Business 7380 MURRELL RD., STE. 201 VIERA FL 32940	Mailing Address 7380 MURRELL RD., STE. 201 VIERA FL 32940
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/14/1994	
4. FEI Number 59-3307159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLAKE, R. MASON 7380 MURRELL RD., STE. 201 VIERA FL 32940

10. Name and Address of New Registered Agent 81 Name Decator, Jay A. III 82 Street Address (P.O. Box Number is Not Acceptable) 7380 Murrell Rd., Suite 201 83 84 City Viera, FL 85 Zip Code 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 *Jay A. Decator III* **Jay A. Decator III** **April 20, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE VD	<input type="checkbox"/> DELETE
NAME DECATOR, JAY A III	
STREET ADDRESS 7380 MURRELL RD., STE. 201	
CITY-ST-ZIP VIERA FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME MASON, BLAKE R	
STREET ADDRESS 7380 MURRELL RD., STE. 201	
CITY-ST-ZIP VIERA FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME MARTELL, PAUL	
STREET ADDRESS 7380 MURRELL RD., STE. 201	
CITY-ST-ZIP VIERA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME D MILLER, C. SCOTT	
4.3 STREET ADDRESS 7380 MURRELL RD. SUITE 201	
4.4 CITY-ST-ZIP VIERA, FL	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE: *Jay A. Decator III* **Jay A. Decator III, V.P.** **(407)242-1200**
April 20, 1998

CR2E037 (1097)