## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N96000003209

 Entity Name SPYGLASS MEDICAL DISTRICT ASSOCIATION, INC.



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

04-26-2004 90552 037 \*\*\*\*61.25

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Principal Place of Business 7380 MURRELL RD., STE. 201 VIERA, FL 32940			Mailing Address 7380 MURRELL RD., STE. 201 VIERA, FL 32940						111 <b>4 -</b> 1111 - <b>12</b> 111 - <b>12</b> 111 - <b>12</b>		IIII NOK BEKT	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					03242004	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State					4. FEI Number 59-3307	159			pplied For lot Applicable	
Zip Country		Zip			untry		5. Certificate of Status Desired			S8.75 Additional Fee Required		
	6. Name	and Address of Current	Registere	d Agent				7. Name and A	ddress of New I	Registered	Agent	
DECATOR	107 6 1					Name						
DECATOR, JAY A I 7380 MURRELL RD., STE. 201 VIERA, FL 32940						Street Address (P.O. Box Number is Not Acceptable)						
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City					Zip Co	de
				~						FL	<b>-</b>   2.p 30.	
	named entit ions of regist	y submits this statement fo tered agent.	r the purp	ose of changing its	register	ed office or re	egistere	ed agent, or both,	, in the State of Fl	lorida. I am	familiar with	, and accept
SIGNATURE .												
	Signature, typed	or printed name of registered agent	and title if app	licable. (NOTE	E: Registere	d Agent signature	required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign F Trust Fund Contributi				]	\$5.00 May Be Added to Fees Florida Department				
10			RECTORS		11							N 10
10.	<u> </u>	OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHAP			IRECTORS I	
TITLE	VD	OFFICERS AND DIE	RECTORS	☐ Delete	TITL							N 10 Addition
TITLE NAME .	VD DECATOR	OFFICERS AND DIF	RECTORS		TITL	IE					IRECTORS I	
TITLE	VD DECATOR 7380 MUR	OFFICERS AND DIF R, JAY A III RRELL RD., STE. 201	RECTORS		TITL NAM STRE						IRECTORS I	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VD DECATOI 7380 MUI VIERA, FI	OFFICERS AND DIF R, JAY A III RRELL RD., STE. 201	RECTORS	☐ Delete	TITL NAM STRE CITY	EET ADDRESS '-ST-ZIP					IRECTORS I	☐ Addition
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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: 🞾

Jay A. Decato

Jay A. Decator, III, Director

1/6/04 (

(321) 242-1200

Daytime Phone #