2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000003209

1. Entity Name SPYGLASS MEDICAL DISTRICT ASSOCIATION, INC.



FILED

Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90292 028 ****61.25

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7380 MURRELL RD., STE. 201 73		Mailing Address 7380 MURRELL RD., STE. 201 VIERA, FL 32940							
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2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04122005 Cr	ng-NP	CR2E03	7 (10/03)	
City & Stat	е	City & State	City & State			9			oplied For
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Ro	egistered A	gent	
DECATOR	R, JĀYĀ I		Name		•				
	RELL RD., STE. 201		Street Ac		O. Box Number is I	Not Acceptable)		
		•							
			City				FL	Zip Cod	e
8. The above	named entity submits this statement fo	r the purpose of changing its re	gistered office or	register	ed agent, or both, in	the State of Flo	rida. I am t	amiliar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 8	Registered Agent signate	ure required	udan minetellan)		DATE	<u> </u>	
	organicae, typed or printed marie or registered again	and the it appricate. (NO.C. II	edista en ydant signet	nie leduked	wieri reststating)		DATE		
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	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees			payable t ment of S	
10.	Due by May 1, 2005 OFFICERS AND DIE	Trust Fund Cor RECTORS		<u> </u>		Flori	da Depart	ment of S	tate
TITLE	OFFICERS AND DIE	Trust Fund Cor	11.	U	Added to Fees	Flori	da Depart	ment of S	tate
	Due by May 1, 2005 OFFICERS AND DIE	Trust Fund Cor RECTORS	ntribution.	<u> </u>	Added to Fees	Flori	da Depart	ment of S	tate
TITLE NAME	OFFICERS AND DIE VD DECATOR, JAY A III	Trust Fund Cor RECTORS	11. TITLE NAME	<u> </u>	Added to Fees	Flori	da Depart	ment of S	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DIF VD DECATOR, JAY A III 7380 MURRELL RD., STE. 201 VIERA, FL	Trust Fund Cor RECTORS	11. TITLE NAME STREET ADDRESS	<u> </u>	Added to Fees	Flori	da Depart	ment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF VD DECATOR, JAY A III 7380 MURRELL RD., STE. 201 VIERA, FL D MILLER, C SCOTT	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD	Added to Fees	Flori	da Depart	ment of S	tate 1 10 Addition
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12. I hereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Martell

4.12.05

321-242-1200

Daytime Phone #