

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768974

Entity Name: ST. JOHNS COUNTY MEDICAL SOCIETY, INC.**Current Principal Place of Business:**303 ANASTASIA BLVD
STE B, BOX 2544
ST. AUGUSTINE, FL 32080**Current Mailing Address:**303 ANASTASIA BLVD
STE B, BOX 2544
SAINT AUGUSTINE, FL 32080 US**FEI Number:** 59-2936909**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRESGE, KENNETH R
ABARE KRESGE CPA
1200 PLANTATION ISLAND DRIVE #230
ST. AUGUSTINE, FL 32080 US*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.***SIGNATURE:** KENNETH R. KRESGE, CPA

02/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT, OFFICER
Name CHONG, KYE I MD
Address 303 ANASTASIA BLVD
C/O SJCMS #B-2544
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER
Name HANES, MICHAEL C MD
Address 303 ANASTASIA BLVD
C/O SJCMS #B-2544
City-State-Zip: SAINT AUGUSTINE FL 32080

Title PRESIDENT
Name VASSALLO, JOHN M MD
Address C/O SJCMS
330 ANASTASIA BLVD. STE B, BOX
2544
City-State-Zip: ST. AUGUSTINE FL 32080

Title BOARD OF GOVERNORS, MEMBER-
AT-LARGE
Name JUSTICE, KEITH M MD
Address 303 ANASTASIA BLVD
C/O SJCMS #B-2544
City-State-Zip: ST. AUGUSTINE FL 32080

Title ADMINISTRATOR
Name ASTON, CYNTHIA L
Address 303 ANASTASIA BLVD
#B-2544
City-State-Zip: SAINT AUGUSTINE FL 32080

Title BOARD OF GOVERNORS, MEMBER-
AT-LARGE
Name SOTO, JOCELYN A DO
Address 303 ANASTASIA BLVD
C/O SJCMS #B-2544
City-State-Zip: SAINT AUGUSTINE FL 32080

Title PRESIDENT-ELECT
Name TESSLER, MICHAEL P MD
Address 303 ANASTASIA BLVD
C/O SJCMS STE B, BOX 2544
City-State-Zip: ST. AUGUSTINE FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA ASTON

ADMINISTRATOR

02/02/2020

Electronic Signature of Signing Officer/Director Detail

Date