2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2021
Secretary of State
3991560358CC

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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 07/02/2021

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	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	ADMINISTRATOR
Name	ASTON, CYNTHIA L
Address	303 ANASTASIA BLVD #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

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

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 07/02/2021

Electronic Signature of Signing Officer/Director Detail — Date