

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25556

Entity Name: SOUTHPARK MEDICAL ASSOCIATION, ST. AUGUSTINE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

208 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086

Current Mailing Address:

345 WILDWOOD DRIVE
ST. AUGUSTINE, FL 32086 US

FEI Number: 59-2935392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAIL, RONALD GDC
208 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VPD
Name MALIK, AMIR M D
Address 204 SOUTH PARK CIR E
City-State-Zip: ST. AUGUSTINE FL 32086

Title D
Name TESSLER, MICHAEL MD
Address 232 SOUTHPARK CIR. E
City-State-Zip: SAINT AUGUSTINE FL 32086

Title PD
Name VAIL, RONALD GDC
Address 208 SOUTHPARK CIRCLE EAST
City-State-Zip: SAINT AUGUSTINE FL 32086

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: RONALD G VAIL, DC

VPD

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date