2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# 604728

Entity Name: GAINESVILLE GYNECOLOGY GROUP, M.D., P.A.

Current Principal Place of Business:

6750 NW 11TH PL
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6750 NW 11TH PL
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-1489405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEAN, FREDERICK W. M.D.
6730 NW 11TH PL
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

JENNIFER LYNN ALDERMAN, MD
6730 NW 11TH PL
GAINESVILLE, FL 32605 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: JENNIFER L. ALDERMAN 01/04/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCLEAN, F.W., DR,
Address: 6730 NW 11TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: DV ( ) Delete
Name: ROSS, KELLI C DR
Address: 6730 NW 11TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: TD (X) Delete
Name: ALDERMAN, JENNIFER
Address: 6730 NW 11TH PL
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROSS, KELLI C MD
Address: 6730 NW 11TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: TD (X) Change ( ) Addition
Name: ALDERMAN, JENNIFER L DR
Address: 6730 NW 11TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER L. ALDERMAN TD 01/04/2008
Electronic Signature of Signing Officer or Director Date