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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F90209** **(0)**

1. Corporation Name
WOMEN'S PHYSICIANS OF JACKSONVILLE, P.A.

Principal Place of Business	Mailing Address
WOMEN'S PHYSICIANS OF JACKSONVILLE 6852 BELFORT OAKS PLACE JACKSONVILLE FL 32216 US	6852 BELFORT OAKS PLACE ~~4205 BELFORT RD. STE 3004~~ JACKSONVILLE FL 32216-5885 US

3. Date Incorporated or Qualified: 07/07/1982
3a. Date of Last Report: 06/17/1996
4. FEI Number: 59-2200210 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 6852 Belfort Oaks Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Jacksonville, FL
Zip 24 / Country 25	Zip 29 32216-5885 / Country 30

9. Name and Address of Current Registered Agent

~~HOLEMS~~, KAY F., MD.
~~6852 BELFURT OAKS PLACE~~
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Holmes, Kay F., M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
83 6852 Belfort Oaks Place
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name, of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~ZEIGLER, VERNON P MD~~ ~~4205 BELFORT ROAD, #3004~~ ~~JACKSONVILLE, FL 00000~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	~~CR OR~~ge ☐ Addition ~~6852 Belfort Oaks Place~~ ~~Jacksonville, FL~~	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLMES, KAY F. MD 6852 BELFORT OAKS PLACE JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD FLANDERS, CYNTHIA H. MD ~~6852 BELFORT OAKS PLACE~~ JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 6852 Belfort Oaks Place	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SWICTNICKI, SUZANNE R M.D. ~~6852 BELFURT OAKS PLACE~~ JACKSONVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition Sweitnicki, Suzanne R MD 6852 Belfort Oaks Place	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CHFLANDERS

SIGNATURE: X _____ 5/30/97 904-296-2441