

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047123

FILED
Apr 21, 2008
Secretary of State

Entity Name: NORTH FLORIDA OBSTETRICAL & GYNECOLOGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

11437 CENTRAL PARKWAY
SUITE 105
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16568
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 59-3250905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOOLITTLE, SANDE
11437 CENTRAL PARKWAY
SUITE 105
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BARNES, M.D., H. WADE
Address: 836 PRUDENTIAL DR. #1202
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: THOMAS, M.D., VIRTUE
Address: 1820 BARRS ST. #200
City-St-Zip: JACKSONVILLE, FL 32204

Title: P () Delete
Name: STENKLYFT, GERALD D MD
Address: 836 PRUDENTIAL DR. #1103
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: CODY, M.D, WILLIAM L
Address: 1820 BARRS ST #521
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GREENE, C. CAMERON M.D.
Address: 1361 13TH AVE. S. # 190
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TREA (X) Change () Addition
Name: VIRTUE, THOMAS R M.D.
Address: 1820 BARRS ST. #200
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP (X) Change () Addition
Name: GREENHAW, JOSEPH C M.D.
Address: 14546 ST. AUGUSTINE RD. # 311
City-St-Zip: JACKSONVILLE, FL 32258

Title: SEC (X) Change () Addition
Name: CODY, WILLIAM L M.D.
Address: 1820 BARRS ST #521
City-St-Zip: JACKSONVILLE, FL 32204

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: C. CAMERON GREENE, M.D.

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

Date