

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000048629 (4)
 1. Corporation Name
BEACHES OBSTETRICAL AND GYNCOLOGICAL PRACTICE, INC.



Principal Place of Business 1325 SAN MARCO BLVD., STE. 801 JACKSONVILLE FL 32207	Mailing Address 1325 SAN MARCO BLVD., STE. 801 JACKSONVILLE FL 32207
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3450324	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Zip	26. Country	30. Zip	31. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent GRANGER, HARVEY 1301 RIVERPLACE BLVD., STE. 1700 JACKSONVILLE FL 32207				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent				81. Name
				82. Street Address (P.O. Box Number is Not Acceptable)
				83.
				84. City
				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 _____ (NOT Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	A. Hugh Greene		1.2 NAME		
STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700		1.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32207		1.4 CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Donald O. Parrett		2.2 NAME		
STREET ADDRESS	1301 Riverplace Blvd. Ste. 1700		2.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32207		2.4 CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Carol C. Thompson		3.2 NAME		
STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700		3.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32207		3.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Linda Perry		4.2 NAME		
STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700		4.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32207		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Jackson, Rebecca B.		5.2 NAME		
STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700		5.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32207		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I 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.

Rebecca B. Jackson **Rebecca B. Jackson** 4-24-98 904/202-4005

CRZE034 (10/97)