

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 25, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000048629**

1. Entity Name  
**BEACHES OBSTETRICAL AND GYNECOLOGICAL PRACTICE, INC.**

Principal Place of Business 1325 SAN MARCO BLVD., STE. 901  JACKSONVILLE FL 32207	Mailing Address 1301 RIVERPLACE BLVD SUITE 1700 JACKSONVILLE FL 32207
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2. Principal Place of Business C/O HARVEY GRANGER	3. Mailing Address C/O HARVEY GRANGER
Suite, Apt. #, etc. 1325 SAN MARCO BLVD., SUITE 902	Suite, Apt. #, etc. 1325 SAN MARCO BLVD., SUITE 902

DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number <b>59-3450324</b>	Applied For <input type="checkbox"/>
Zip 32207	Country US	Zip 32207	Country US

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**GRANGER HARVEY**  
**1301 RIVERPLACE BLVD., STE. 1700**  
  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name  
**GRANGER HARVEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1325 SAN MARCO BLVD.**  
  
**SUITE 902**  
City  
**JACKSONVILLE FL** Zip Code  
**32207**

8. 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 **HARVEY GRANGER** DATE **04/25/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST JACKSON REBECCA B 1301 RIVERPLACE BLVD., STE 1700 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERRY LINDA 1301 RIVERPLACE BLVD., STE 1700 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON CAROL C 1301 RIVERPLACE BLVD., STE 1700 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRETT DONALD O 1301 RIVERPLACE BLVD., STE 1700 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE A. HUGH 1301 RIVERPLACE BLVD., STE 1700 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST JACKSON REBECCA B 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON CAROL C 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARRETT DONALD O 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE A. HUGH 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REBECCA B. JACKSON** AST Date **04/25/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)