


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90236 005 \*\*\*150.00

**DOCUMENT # P97000048629**

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



Principal Place of Business      Mailing Address

**C/O HARVEY GRANGER**      **C/O HARVEY GRANGER**  
**1325 SAN MARCO BLVD., SUITE 902**      **1325 SAN MARCO BLVD., SUITE 902**  
**JACKSONVILLE, FL 32207 US**      **JACKSONVILLE, FL 32207 US**


**14008647**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04142005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3450324**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GRANGER, HARVEY**  
**1325 SAN MARCO BLVD.**  
**SUITE 902**  
**JACKSONVILLE, FL 32207**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_      DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	GREENE, A. HUGH	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PARRETT, DONALD O	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DV	<input type="checkbox"/> Delete
NAME	THOMPSON, CAROL C	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	AST	<input type="checkbox"/> Delete
NAME	GRANGER, HARVEY	
STREET ADDRESS	1325 SAN MARIO BLVD. SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**       **4/28/05**      **904-202-5066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #