
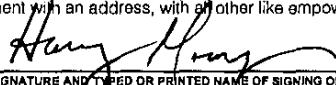


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000048629</b>					
1. Entity Name BEACHES OBSTETRICAL AND GYNECOLOGICAL PRACTICE, INC.					
Principal Place of Business C/O HARVEY GRANGER 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 US			Mailing Address C/O HARVEY GRANGER 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
				04182007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3450324				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRANGER, HARVEY 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENE, A. HUGH	NAME	U00000750671		
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	STREET ADDRESS	05/18/07-80071-022 150.00		
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILBANKS, JOHN F	NAME			
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUKASZEWSKI, MICHAEL	NAME			
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	AST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRANGER, HARVEY	NAME			
STREET ADDRESS	1325 SAN MARIO BLVD. SUITE 902	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE: 		Date: 4/30/07		Daytime Phone #: 904-202-5010	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	