

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90167 002 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000048629
 1. Entity Name
 BAPTIST OBSTETRICS AND GYNECOLOGY, 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

60032649



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3450324 Applied For
 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

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE, A. HUGH 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILBANKS, JOHN F 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKASZEWSKI, MICHAEL 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST GRANGER, HARVEY 1325 SAN MARIO BLVD. SUITE 902 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

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 all other like empowered.

SIGNATURE: [Signature] 4/28/08 904-202-2294
 _____ Date: _____ Daytime Phone # _____