

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 22 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600861 (9)

1. Corporation Name

WOMEN'S MEDICAL GROUP, MAX C. KARRER, M.D., WILLIAM R. WOODEN, M.D., DAVID P. FRIEDLINE, M.D., P

Principal Place of Business

3550 UNIVERSITY BLVD. S.
SUITE 301
JACKSONVILLE FL 32216

Mailing Address

3550 UNIVERSITY BLVD. S.
SUITE 301
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1969

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1233427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARRER, MAX C.
3550 UNIVERSITY BLVD S.
SUITE 301
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

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

(Signature, typed or printed name of registered agent and title if applicable)

(DATE, Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WOODEN, WILLIAM
STREET ADDRESS	3550 UNIVERSITY BLVD S
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	PD
NAME	KARRER, MAX C
STREET ADDRESS	3550 UNIVERSITY BLVD S
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	SD
NAME	FRIEDLINE, DAVID
STREET ADDRESS	3550 UNIVERSITY BLVD S
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	VD
NAME	MARTIN, ANGELA
STREET ADDRESS	3550 UNIVERSITY BLVD S
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

700001522227
-06/23/95--01079--010
****225.00 ****225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 (changed) or in an attachment with an address.

SIGNATURE:

William R. Wooden

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

Date

Signature (Printed)