

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603994

FILED
Mar 26, 2004
Secretary of State

Entity Name: GYNECOLOGY & OBSTETRICS ASSOCIATES, P.A.

Current Principal Place of Business:

4900 GRANDE DRIVE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4900 GRANDE DRIVE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-1427723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH, SUZANNE Y MD
4900 GRANDE DR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BUSH, SUZANNE Y
Address: 4900 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: AS (X) Delete
Name: TUCKER, ELISABETH
Address: 4900 GRANDE DR
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: ECKERT, JEANNE
Address: 4900 GRANDE DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BUSH, SUZANNE Y MD
Address: 4900 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ECKERT, JEANNE MD
Address: 4900 GRANDE DR
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE Y BUSH MD

P

03/26/2004

Electronic Signature of Signing Officer or Director

Date