


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90018 034 \*\*\*150.00

<b>DOCUMENT # 604728</b> 1. Entity Name <b>GAINESVILLE GYNECOLOGY GROUP, M.D., P.A.</b>	
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Principal Place of Business <b>6801 NW 9TH BLVD #3 GAINESVILLE, FL 32605</b>	Mailing Address <b>6801 NW 9TH BLVD #3 GAINESVILLE, FL 32605</b>
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2. Principal Place of Business - No P.O. Box # <b>6730 NW 11TH PL</b>	3. Mailing Address <b>6730 NW 11TH PLACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01082007 Chg-P CR2E034 (12/06)

City & State <b>Gainesville, Florida</b>	City & State <b>GAINESVILLE, FLORIDA</b>	4. FEI Number <b>59-1489405</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32605</b>	Country <b>USA</b>	Zip <b>32605</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent  <b>MCLEAN, FREDERICK W. M.D. 6801 NW 9TH BLVD #3 GAINESVILLE, FL 32605</b>		7. Name and Address of New Registered Agent Name <b>McLean, Frederick W. MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>6730 NW 11TH PLACE</b> City <b>GAINESVILLE</b> FL Zip Code <b>32605</b>	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLEAN, F.W., DR 6801 NW 9TH BLVD #3 GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLEAN, F.W., DR 6730 NW 11TH PLACE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSS, KELLI C DR 6801 NW 9TH BLVD #3 GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSS, KELLI C, DR 6730 NW 11TH PLACE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Alderman, Jennifer L DR 6730 NW 11TH PLACE GAINESVILLE, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

Date

352 331 5234

Daytime Phone #