

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604728

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** GAINESVILLE GYNECOLOGY GROUP, M.D., P.A.

**Current Principal Place of Business:**

6730 NW 11TH PL  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

6730 NW 11TH PL  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 59-1489405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JENNIFER LYNN ALDERMAN, MD  
6730 NW 11TH PL  
GAINESVILLE, FL 32605 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROSS, KELLI C MD  
Address: 6730 NW 11TH PL  
City-St-Zip: GAINESVILLE, FL 32605

Title: TD  
Name: ALDERMAN, JENNIFER L DR  
Address: 6730 NW 11TH PL  
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER LYNN ALDERMAN, MD

TD

01/11/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date