FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769899 (6)

1. Corporation Name

J.H.E.P. OB-GYN ALUMNI ASSOCIATION, INC.

Principal Place of Business
836 PRUDENTIAL DR. #1202
JACKSONVILLE FL 32207

Mailing Address
836 PRUDENTIAL DR. #1202
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2363576 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ASBURY, LLOYD T., ESQ.
301 W BAY ST #2500
JACKSONVILLE FL 32202-1435

10. Name and Address of New Registered Agent

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 ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BARNES, H WADE
STREET ADDRESS	836 PRUDENTIAL DR #1202
CITY ST ZIP	JACKSONVILLE FL
TITLE	S
NAME	CHAFIN, JIM
STREET ADDRESS	1820 BARRS ST #333
CITY ST ZIP	JACKSONVILLE FL
TITLE	T
NAME	NUSS, ROBERT C.
STREET ADDRESS	655 WEST 8TH ST.
CITY ST ZIP	JACKSONVILLE FL
TITLE	PD
NAME	PHELAN, TIMOTHY M.
STREET ADDRESS	2546 ST JOHNS AVE.
CITY ST ZIP	JACKSONVILLE FL
TITLE	PD
NAME	BAIRD, TIM
STREET ADDRESS	3627 UNIVERSITY BLVD 200
CITY ST ZIP	JACKSONVILLE FL
TITLE	PR
NAME	GREEN, CAM
STREET ADDRESS	655 WEST 8TH ST
CITY ST ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		☐ Change ☐ Addition
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		

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] H. Wade Barnes, Jr., M.D. 4/25/95 (904)399-4862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0001428