FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F90209** **(0)**

1. Corporation Name
WOMEN'S PHYSICIANS OF JACKSONVILLE, P.A.

Principal Place of Business
WOMEN'S PHYSICIANS OF JACKSONVILLE
6852 BELFORT OAKS PLACE
JACKSONVILLE FL 32216
US

Mailing Address
6852 BELFORT OAKS PLACE
~~4205 BELFORT RD. STE 3004~~
JACKSONVILLE FL 32216-5885
US

3. Date Incorporated or Qualified: 07/07/1982
3a. Date of Last Report: 06/17/1996

2. Principal Place of Business (21)
2a. Mailing Address (26): 6852 Belfort Oaks Place
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28): Jacksonville, FL
Zip (24) Country (25)
Zip (29): 32216-5885 Country (30)

4. FEI Number: 59-2200210 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~HOLEMS~~, KAY F., MD.
~~6852 BELFURT OAKS PLACE~~
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
81 Name: Holmes, Kay F., M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 6852 Belfort Oaks Place
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) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~VD~~	☒ DELETE
NAME	~~ZEIGLER, VERNON P MD~~	
STREET ADDRESS	~~4205 BELFORT ROAD, #3004~~	
CITY-ST-ZIP	~~JACKSONVILLE, FL 00000~~	
TITLE	PD	☐ DELETE
NAME	HOLMES, KAY F. MD	
STREET ADDRESS	6852 BELFORT OAKS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TSD	☐ DELETE
NAME	FLANDERS, CYNTHIA H. MD	
STREET ADDRESS	~~6852 BELFURT OAKS PLACE~~	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	SWICTNICKI, SUZANNE R M.D.	
STREET ADDRESS	~~6852 BELFURT OAKS PLACE~~	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		~~☒ Change~~ ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	~~6852 Belfort Oaks Place~~	
1.4 CITY-ST-ZIP	~~Jacksonville, FL~~	
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	6852 Belfort Oaks Place	
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME	Sweitnicki, Suzanne R MD	
4.3 STREET ADDRESS	6852 Belfort Oaks Place	
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		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address. CHFLANDERS

SIGNATURE: X [signature] 5/30/97 904-296-2441