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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H01593** **(3)**

1. Corporation Name

JACKSONVILLE OBSTETRICS, GYNECOLOGY & INFERTILITY, P.A.

Principal Place of Business

% RICHARD L. MYERS, M.D.
836 PRUDENTIAL DRIVE - SUITE 1001
JACKSONVILLE FL 32207

Mailing Address

% RICHARD L. MYERS, M.D.
836 PRUDENTIAL DRIVE - SUITE 1001
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **05/01/1984**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2399465** [ ] Applied For [ ] Not Applicable

5. Old State of Status Derived [ ] **$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 [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent

MYERS, RICHARD, M.D.
836 PRUDENTIAL DRIVE
SUITE 1001
JACKSONVILLE FL 32207

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 Section 607.0502 and 607.1403, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	MYERS, RICHARD L., M.D.		12 NAME	
STREET ADDRESS	836 PRUDENTIAL DR. #1001		13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	
TITLE	VPD	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	PACK, NORMAN W., M.D.		22 NAME	
STREET ADDRESS	836 PRUDENTIAL DR. #1001		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	
TITLE	STD	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	PAULK, WILFORD E., M.D.		32 NAME	
STREET ADDRESS	836 PRUDENTIAL DR. #1001		33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	CONNOR, PATRICK M M.D.		42 NAME	
STREET ADDRESS	836 PRUDENTIAL DRIVE, #1001		43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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)(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 business organized to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by this report.

SIGNATURE: Richard L. Myers 3-13-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)