

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88251

1. Entity Name

REGIONAL OBSTETRIC CONSULTANTS, P.A.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90035 006 ***150.00

00016695



DO NOT WRITE IN THIS SPACE

Principal Place of Business 836 PRUDENTIAL DR 1800 JACKSONVILLE FL 32207	Mailing Address 836 PRUDENTIAL DR 1800 JACKSONVILLE FL 32207
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-2838521	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUINLAN, R. WILLIAM MD 836 PRUDENTIAL DR 1800 JACKSONVILLE FL 32207
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7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>
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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO QUINLAN, RAYMOND WILLIAM 836 PRUDENTIAL DR 1800 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEL VALLE, GERARDO O 836 PRUDENTIAL DR 1800 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CASTILLO, RAMON A 836 PRUDENTIAL DR 1800 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Ramon A. Castillo</i>	Ramon A. Castillo	01/03/01	(904) 3987484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/00)