


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # J88251 1. Entity Name REGIONAL OBSTETRIC CONSULTANTS, P.A.	
--	---

Principal Place of Business 836 PRUDENTIAL DR., SUITE 1800 JACKSONVILLE, FL 32207	Mailing Address 836 PRUDENTIAL DR., SUITE 1800 JACKSONVILLE, FL 32207
---	---



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2838521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASTILLO, RAMON A MD 836 PRUDENTIAL DR., SUITE 1800 JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CASTILLO, RAMON A 836 PRUDEUTIAL DRIVE- SUITE 1800 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STCF DEL VALLE, GERARDO O 836 PRUDENTIAL DR 1800 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CASTILLO, RAMON A 836 PRUDENTIAL DR 1800 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000359765
05/05/05-80005-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 904 3987084
Date Daytime Phone #

Gerardo O. Delvalle