

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 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**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2838521

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000390744
01/24/06-80010-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
CASTILLO, RAMON A
836 PRUDENTIAL 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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

01/16/06

Date

Daytime Phone #