

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02950 (6)

1. Corporation Name

OB-GYN FOUNDATION, INC.



Principal Place of Business

Mailing Address

**1800 BARRS ST. STE 425
2700 RIVERSIDE AVE
JACKSONVILLE FL 32204
US**

**1800 BARRS ST. STE 425
JACKSONVILLE FL 32204
US**

3. Date Incorporated or Qualified

05/08/1984

3a. Date of Last Report

06/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE, ONE INDEPENDENT DR
JACKSONVILLE FL 32202**

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer's application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME **PD
GLENN, J. EUGENE, M.D.**
STREET ADDRESS **1820 BARRS STREET**
CITY-STATE-ZIP **JACKSONVILLE FL**

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME **VD
BANCROFT, J.W.**
STREET ADDRESS **2700 RIVERSIDE AVENUE**
CITY-STATE-ZIP **JACKSONVILLE FL**

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME **STD
BYERS, JOHN W., M.D.**
STREET ADDRESS **1801 BARRS ST, STE 425**
CITY-STATE-ZIP **JACKSONVILLE FL**

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. BYERS

1/24/96 904 387-3033

Date

Daytime Phone #

CR2E037 (12/95)