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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32204-4704
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1984	3a. Date of Last Report 01/29/1996
21	1801 Barrs St.	26	1801 Barrs St	4. FEI Number 59-2407591	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	Ste 425	27	Ste 425	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	Jacksonville, FL	28	Jacksonville, FL		
Zip	Country	Zip	Country		
24	32204	25	US	29	32204
		30	US		

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
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1	TITLE P.D.
NAME	GLENN, J. EUGENE, M.D.	1.2	NAME Mayer, George L.
STREET ADDRESS	1820 BARRS STREET	1.3	STREET ADDRESS 1820 Barrs Street, Ste 625
CITY-ST-ZIP	JACKSONVILLE FL	1.4	CITY-ST-ZIP Jacksonville, FL 32204
TITLE	VD	2.1	TITLE
NAME	BANCROFT, J.W.	2.2	NAME
STREET ADDRESS	2700 RIVERSIDE AVENUE	2.3	STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	2.4	CITY-ST-ZIP
TITLE	STD	3.1	TITLE
NAME	BYERS, JOHN W., M.D.	3.2	NAME
STREET ADDRESS	1801 BARRS ST, STE 425	3.3	STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	3.4	CITY-ST-ZIP
TITLE		4.1	TITLE
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE		5.1	TITLE
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE		6.1	TITLE
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		6.4	CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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 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:

John W. Byers, M.D.

W. Byers, M.D. 4-2-97 (904) 387-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0004519

CR2E037 (9/96)