

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 09, 2000 8:00 am
Secretary of State

03-20-2000 90124 012 ****61.25

DOCUMENT # N02950 1. Entity Name OB-GYN FOUNDATION, INC.			
Principal Place of Business 1801 BARRS ST STE 425 JACKSONVILLE FL 32204 US		Mailing Address 1801 BARRS ST STE 425 JACKSONVILLE FL 32204-4700 US	
2. Principal Place of Business 1820 Barrs St Suite, Apt. #, etc. Suite 421 City & State Zip Country		3. Mailing Address 1820 Barrs St. Suite, Apt. #, etc. Suite 421 City & State Zip Country	
4. FEI Number 59-2407591		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE, ONE INDEPENDENT DR JACKSONVILLE FL 32202		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYERS, GEORGE L 1820 BARRS STREET STE 625 JACKSONVILLE FL 32204	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANCROFT, J.W. 2700 RIVERSIDE AVENUE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BYERS, JOHN W., M.D. 1801 BARRS ST, STE 425 JACKSONVILLE FL 32204	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: John Byers SIGNATURE REQUIRED 3/14/00 (904) 387-3033 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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