2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
05-11-2001 90455 037 ****61.25

DOCUMENT # N02950

1. Entity Name

OB-GYN FOUNDATION, INC.

Principal Place of Business	Mailing Address
1820 BARRS ST STE 421 JACKSONVILLE FL 32204 US	1820 BARRS ST STE 421 JACKSONVILLE FL 32204 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1820 Barrs St	1820 Barrs St.
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: Suite 200
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32204 Country: USA	Zip: 32204 Country: USA

4. FEI Number: 59-2407591 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE,ONE INDEPENDENT DR JACKSONVILLE FL 32202	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☒ Delete	PD Phelan, Timothy M, MD 2525 Riverside Ave Jacksonville, FL 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VIRTUE, THOMAS R 1820 BARRS ST STE 200 JACKSONVILLE FL 32204	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BYERS, JOHN W., M.D. 1820 BARRS ST STE 421 JACKSONVILLE FL 32204	☒ Delete	Chafin James K, MD 1820 Barrs St #310 Jacksonville, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Thomas R Virtue MD 4-25-01 904-384-3199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #