

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90194 009 \*\*\*\*61.25

DOCUMENT # N02950

1. Entity Name

OB-Gyn Foundation, Inc

**DO NOT WRITE IN THIS SPACE**

654128

2. Principal Place of Business

1820 Barrs St.

Suite, Apt. #, etc.

Suite 200

City & State

Jacksonville, FL

Zip

32204

Country

USA

3. Mailing Address

1820 Barrs St

Suite, Apt. #, etc.

Suite 200

City & State

Jacksonville, FL

Zip

32204

Country

USA

4. FEI Number

59-2407591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Holbrook, H. Leon

Street Address (P.O. Box Number is Not Acceptable)

2301 Independent Square

One Independent Dr

City

Jacksonville, FL

FL

Zip Code

32202

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

PROF. BOARD OF  
MED. OF FLORIDA

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Use Check payable to  
Secretary of State

10. OFFICERS AND DIRECTORS

TITLE P.D.  
NAME Phelan, Timothy M., MD  
STREET ADDRESS 2525 Riverside Ave  
CITY-ST-ZIP Jacksonville, FL 32204

TITLE VD  
NAME Virtue, Thomas R., MD  
STREET ADDRESS 1820 Barrs St. Suite 200  
CITY-ST-ZIP Jacksonville, FL 32204

TITLE STD  
NAME Chafin, James K., M.D.  
STREET ADDRESS 1820 Barrs St. Suite # 310  
CITY-ST-ZIP Jacksonville, FL 32204

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas R. Virtue, MD 4-26-02 (904) 384-3699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)