


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02950</b> 1. Entity Name OB-GYN FOUNDATION, INC.	
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Principal Place of Business 1820 BARRS ST 200 JACKSONVILLE, FL 32204 US	Mailing Address 1820 BARRS ST 200 JACKSONVILLE, FL 32204 US
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**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2407591	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIRTUE, THOMAS R 1820 BARRS ST STE 200 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHELAN, TIMOTHY M MD 2525 RIVERSIDE AVENUE JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHAFIN, JAMES K MD 1820 BARRS ST STE 310 JACKSONVILLE, FL 32204
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/04-80071-006 61.25

**DO NOT WRITE  
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Thomas R. Virtue** **04-23-04** **904 384 3699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #