

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02950**

1. Entity Name  
OB-GYN FOUNDATION, INC.



Principal Place of Business  
1820 BARRS ST  
200  
JACKSONVILLE, FL 32204 US

Mailing Address  
1820 BARRS ST  
200  
JACKSONVILLE, FL 32204 US

**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-NP

CR2E037 (10/03)

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**

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

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000328593  
04/25/05-80083-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas R. Virtue* Thomas R. Virtue, MD 04-22-05 (904) 384-3449