
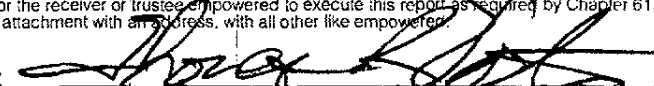


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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		
		04272006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-2407591		Applied For 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		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 _____ <small>Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD VIRTUE, THOMAS R 1820 BARRS ST STE 200 JACKSONVILLE, FL 32204	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PHELAN, TIMOTHY M MD 2525 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD CHAFIN, JAMES K MD 1820 BARRS ST STE 310 JACKSONVILLE, FL 32204	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Thomas R. Virtue, MD		4/28/06 (904) 384-3691 <small>Daytime Phone #</small>