2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02950

1. Entity Name
OB-GYN FOUNDATION, INC.

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

04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000923257
05/16/08-80023-012 61.25

10. OFFICERS AND DIRECTORS

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

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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: _____ 4-23-08 (904) 384-3649
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Thomas R. Virtue — Date — Daytime Phone #