

--PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL -1 PM 4:55

DOCUMENT # N02950

1. Corporation Name

OB-GYN FOUNDATION

REINSTATEMENT 09-10

900182818099
07/01/10--01035--018 **297.50
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

3 SHIRCLIFF WAY

Suite, Apt. #, etc.

200

3. Mailing Office Address

3 SHIRCLIFF WAY

Suite, Apt. #, etc.

200

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32204

Country

Zip

32204

Country

4. Date Incorporated or Qualified

To Do Business in Florida **05/08/1984**

5. FEI Number

59-2407591

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

HOLBROOK, H. LEON

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

2301 INDEPENDENT SQUARE

Suite, Apt. #, Etc.

ONE INDEPENDENT SQUARE

City

JACKSONVILLE

State

FL

Zip Code

32202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	VIRTUE, THOMAS R.	3 SHIRCLIFF WAY	JACKSONVILLE, FL 32204
PD	PHELAN, TIMOTHY M MD	2525 RIVERSIDE AVENUE	JACKSONVILLE, FL 32204
STD	CHAFIN, JAMES K MD	3 SHIRCLIFF WAY	JACKSONVILLE, FL 32204

10. E-mail Address:

tvirtue@rtobgyn.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Thomas R. Virtue (Thomas R. Virtue)

June 18, 2010 384-3679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

2/6an