

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19391

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLORIDA OBSTETRIC AND GYNECOLOGIC SOCIETY, INC.

Current Principal Place of Business:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-2986220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMOUR, CHRISTOPHER ED
6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCARUS, TAMBERLY MD
Address: 1442 KELSO BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: MORALES, ROBERT MD
Address: 2001 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: KAUNITZ, ANDREW MD
Address: 653-1 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: WHELIHAN, MAUREEN MD
Address: 3537 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: ED () Delete
Name: SEYMOUR, CHRISTOPHER ED
Address: 6816 SOUTHPOINT PKWY, STE 1000
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLEMENTS, ARTHUR MD
Address: 1401 CENTERVILLE ROAD, SUITE 202
City-St-Zip: TALLAHASSEE, FL 32308

Title: S (X) Change () Addition
Name: BREIT, BRUCE MD
Address: 100 PERTH LANE
City-St-Zip: MAITLAND, FL 32792

Title: T (X) Change () Addition
Name: KAUNITZ, ANDREW MD
Address: 653-1 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP (X) Change () Addition
Name: WHELIHAN, MAUREEN MD
Address: 3537 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER SEYMOUR

ED

04/23/2009

Electronic Signature of Signing Officer or Director

Date