2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2010
Secretary of State

DOCUMENT# N19391

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
Name: WHELIHAN, MAUREEN MD
Address: 13833 WELLINGTON TRACE E4
City-St-Zip: WELLINGTON, FL 33414

Title: VP
Name: BREIT, BRUCE MD
Address: 100 PERTH LANE
City-St-Zip: MAITLAND, FL 32792

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

Title: T
Name: HOLMSTROM, SHELLY MD
Address: 2 TAMPA GENERAL CIRCLE, 6TH FLOOR
City-St-Zip: TAMPA, FL 33606

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

Title: S
Name: MCCAULEY, RICK MD
Address: 1605 KINGSLEY AVENUE
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER SEYMOUR ED 03/23/2010

Electronic Signature of Signing Officer or Director Date