

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90004 006 ****61.25

DOCUMENT # N31243

1. Entity Name
TAMPA OBGYN SOCIETY, INC.



Principal Place of Business

JOHN MARSTON, M.D.
2818 W VIRGINIA AVE
TAMPA, FL 33607

Mailing Address

JOHN MARSTON, M.D.
2818 W VIRGINIA AVE
TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

07112004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2662340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSTON, JOHN M.D.
2818 W VIRGINIA AVE
TAMPA, FL 33607

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARSTON, JOHN M.D.
2818 W. VIRGINIA AVE.
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRANE, RICHARD E., MD
4215 N. MACDILL AVE.
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MINTON, DAVID M.D.
2818 W VIRGINIA AVE
TAMPA, FL 33607

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John M. Marston

JOHN MARSTON

7/12/04 813 872 8551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #