


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N31243 1. Entity Name TAMPA OBGYN SOCIETY, INC.	
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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
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DO NOT WRITE IN THIS SPACE



07122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2662340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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: *John Marston* (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable.

DATE: 7/12/05

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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1100000372981
07/15/05-80005-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Marston* 7/12/05 813 872 855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR