2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State
04-21-2003 91066 035 ****61.25
05-30-2003 90091 009 ****61.25

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DOCUMENT # N31243

1. Entity Name
TAMPA OBGYN SOCIETY, INC.

Principal Place of Business	Mailing Address
~~RICHARD E. CRANE, MD~~ JOHN MARSTON, M.D ~~4215 N. MACDILL AVENUE~~ ~~TAMPA FL 33607~~	~~RICHARD E. CRANE, MD~~ JOHN MARSTON, M.D ~~4215 N. MACDILL AVENUE~~ ~~TAMPA FL 33607~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2818 W. Virginia Ave Suite, Apt. #, etc.	2818 W. Virginia Ave Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa
Zip: 33607 Country: USA	Zip: 33607 Country: USA

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	7. Name and Address of New Registered Agent
~~CRANE, RICHARD E., M.D.~~ ~~4215 N. MACDILL AVENUE~~ ~~TAMPA FL 33607~~	Name: JOHN MARSTON, M.D Street Address (P.O. Box Number is Not Acceptable): 2818 W. Virginia Ave City: Tampa FL Zip Code: 33607

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 JOHN MARSTON John Marston 5/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARSTON, JOHN M.D. 2818 W. VIRGINIA AVE. TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNHISEL, MARK, MD 2919 SWANN AVE. TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRANE, RICHARD E., MD 4215 N. MACDILL AVE. TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID MINTON, M D 2818 W. VIRGINIA Ave TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Richard E. Crane RICHARD E. CRANE 4/12/03 813-879-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #