


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-11-2005 90028 014 ***150.00

DOCUMENT # P00000091381 1. Entity Name SOUTHEAST GYNECOLOGIC ONCOLOGY ASSOCIATES, P.A.	
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Principal Place of Business 1801 BARRS STREET SUITE 720 JACKSONVILLE, FL 32204	Mailing Address 1801 BARRS STREET SUITE 720 JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE

66004195



01272005 No Chg-P CR2E034 (10/03)

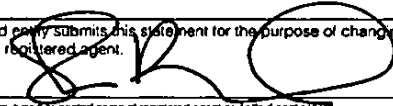
4. FEI Number 59-3674581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

STONEBURNER, BERRY & SIMMONS, P.A.
ONE INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE, FL 32202

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IN THIS SPACE**

8. The above named party 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  DATE 2/8/05

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

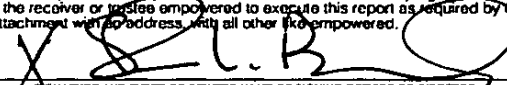
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BUCKLEY, STEPHEN L M.D. 1801 BARRS STREET, SUITE 720 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ROBERTSON, III, MATTHEW W M.D. 1801 BARRS STREET, SUITE 720 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with no address, with all other like empowered.

SIGNATURE:  DATE 3/9/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR