


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000091381</b>	
1. Entity Name <b>SOUTHEAST GYNECOLOGIC ONCOLOGY ASSOCIATES, P.A.</b>	

Principal Place of Business <b>1801 BARRS STREET SUITE 720 JACKSONVILLE, FL 32204</b>	Mailing Address <b>1801 BARRS STREET SUITE 720 JACKSONVILLE, FL 32204</b>
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02142006 No Chg-P CR2EQ34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3674581**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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	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
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03/02/06-80035-020 158.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2006 904-389-3993  
Date Daytime Phone #

Stephen L. Buckley, MD