

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000091381

**FILED**  
**Sep 16, 2010**  
**Secretary of State**

**Entity Name:** SOUTHEAST GYNECOLOGIC ONCOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

915 WEST MONROE ST, STE 300  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

915 WEST MONROE ST, STE 300  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-3674581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

REZNICSEK FRASER HASTINGS WHITE & SHAFFER  
4230 PABLO PROFESSIONAL COURT  
SUITE 200  
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: RICK M. REZNICSEK

09/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BUCKLEY, STEPHEN L M.D.  
Address: 915 WEST MONROE ST, STE 300  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DV  
Name: ROBERTSON,III, MATTHEW W M.D.  
Address: 915 WEST MONROE ST, STE 300  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN L. BUCKLEY, M.D.

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09/16/2010

Electronic Signature of Signing Officer or Director

Date