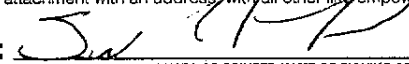


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000051717 1. Entity Name OBGYN ASSOCIATES OF ST. AUGUSTINE, P.A.					
Principal Place of Business 300 HEALTH PARK BLVD STE 3002 SAINT AUGUSTINE, FL 32086 US			Mailing Address 460 TRADE WIND LANE ST. AUGUSTINE, FL 32080		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3718698	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLD, KATHLEEN H ONE INDEPENDENT DR., STE. 2301 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete YARIAN, SUSAN M.D. 460 TRADE WIND LANE ST. AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete PULSFUS, ERIC 300 HEALTH PARK BLVD #3002 SAINT AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U00000349293 05/02/05-80059-011 150.00	
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	
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	
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 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 _____ Date _____ Daytime Phone # _____					