

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 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



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3718698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLD, KATHLEEN H
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE, FL 32202

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YARIAN, SUSAN M.D.
STREET ADDRESS	460 TRADE WIND LANE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	D
NAME	PULSFUS, ERIC
STREET ADDRESS	300 HEALTH PARK BLVD #3002
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/07-80031-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/22/07 909 819 1500