

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051717

FILED
Apr 27, 2009
Secretary of State

Entity Name: OBGYN ASSOCIATES OF ST. AUGUSTINE, P.A.

Current Principal Place of Business:

300 HEALTH PARK BLVD
STE 3002
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

460 TRADE WIND LANE
ST. AUGUSTINE, FL 32080

New Mailing Address:

300 HEALTH PARK BLVD
STE 3002
SAINT AUGUSTINE, FL 32086 US

FEI Number: 59-3718698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YARIAN, SUSAN M.D.
Address: 460 TRADE WIND LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: PULSFUS, ERIC
Address: 300 HEALTH PARK BLVD #3002
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: YARIAN, SUSAN M.D.
Address: 300 HEALTH PARK BLVD #3002
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP (X) Change () Addition
Name: PULSFUS, ERIC
Address: 300 HEALTH PARK BLVD #3002
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN YARIAN

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date