

PO1000051717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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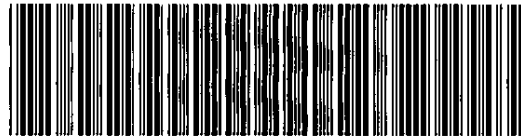
(Business Entity Name)

(Document Number)

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RA [Signature]  
8/24/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OBGYN ASSOCIATES OF ST. AUGUSTINE, P.A.  
Name of Corporation

DOCUMENT NUMBER: P01000051717

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN YARIAN, M.D.  
Name of Contact Person

OBGYN ASSOCIATES OF ST. AUGUSTINE, P.A.  
Firm/Company

300 HEALTH PARK BLVD., STE. 3002  
Address

SAINT AUGUSTINE, FL 32086  
City/State and Zip Code

OBGASSOC@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN YARIAN, M.D. at ( 904 ) 819-1500  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OBGYN ASSOCIATES OF ST. AUGUSTINE, P.A.
2. The principal office address: 300 HEALTH PARK BLVD., STE. 3002  
SAINT AUGUSTINE, FL 32086
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/16/2001 Document number: P01000051717
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KATHLEEN H. COLD

ONE INDEPENDENT DR., STE. 2301

JACKSONVILLE, FL 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SUSAN YARIAN, M.D.

300 HEALTH PARK BLVD., STE. 3002

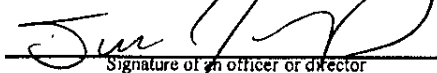
P.O. Box NOT acceptable

SAINT AUGUSTINE, FL 32086

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

SUSAN YARIAN, M.D., PRESIDENT  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

08/16/2010  
Date

If signing on behalf of an entity:

Susan Yarian, MD  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)