

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

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DOCUMENT # P01000051717

1. Entity Name
OBYN ASSOCIATES OF ST. AUGUSTINE, P.A.



Principal Place of Business
201 HEALTH PARK BLVD., STE. 214
SAINT AUGUSTINE FL 32086
US

Mailing Address
460 TRADE WIND LANE
ST. AUGUSTINE FL 32080



2. Principal Place of Business
300 HEALTH PARK BLVD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 3002

Suite, Apt. #, etc.

City & State
ST AUGUSTINE, FL

City & State

4. FEI Number **59-3718698**

Applied For
Not Applicable

Zip
32086

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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 YARIAN, SUSAN M.D.
460 TRADE WIND LANE
ST. AUGUSTINE FL 32080

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03

Date

Daytime Phone #

CR2E034 (4/03)