

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

02-26-2003 90150 047 ***150.00
07-14-2003 90163 034 ***150.00

DOCUMENT # P02000002355

1. Entity Name
OBSTETRICS & GYNECOLOGY, P.A.



Principal Place of Business
**930-A MARWALT DR.
FT. WALTON BEACH FL 32547**

Mailing Address
**930-A MARWALT DR.
FT. WALTON BEACH FL 32547**

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

03 03 79628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROWN, ALEXANDRA
66 INDIGO LOOP S.
DESTIN FL 32550**

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

(no change) Alexandra Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-10-03

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

TITLE ☐ Delete
NAME **D NIERMANN, KATHERINE**
STREET ADDRESS **930-A MARWALT DR.**
CITY-ST-ZIP **FT. WALTON BEACH FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **KATHRYN STEVENS**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

7-7-03 850-863-1000

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 90141973
#P02000002355

7/7/2003

Florida Department of State

As a new business, we are filing our UBR. Apparently the previous UBR Notice was not received, and therefore we are sending the original \$150.00 filing fee, without a late fee as is acceptable in you FAQ's section, question #1. This is being sent by priority mail to insure delivery.

Please correct the spelling of my name from Kathryn Niermann to Kathryn Stevens as indicated on the form.

Thank you,

A handwritten signature in cursive script that reads "Kathryn Stevens".

Kathryn Stevens, MD
930 Mar Walt Drive - A
Fort Walton Beach, FL 32547