

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090367

FILED
Apr 01, 2005
Secretary of State

Entity Name: MATERNAL FETAL MEDICINE OF JACKSONVILLE, P.A.

Current Principal Place of Business:

6885 BELFORT OAKS PLACE
240
JACKSONVILLE, FL 32216 US

Current Mailing Address:

6885 BELFORT OAKS PLACE
240
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

6885 BELFORT OAKS PLACE
SUITE 240
JACKSONVILLE, FL 32216 US

New Mailing Address:

6885 BELFORT OAKS PLACE
SUITE 240
JACKSONVILLE, FL 32216 US

FEI Number: 20-0188557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
225 WATER ST STE 2020
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

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: GWEN HUTCHESON GRIGGS, EVP

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: GAUDIER, FRANCISCO L
Address: 6885 BELFORT OAKS PLACE, SUITE 240
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GAUDIER, FRANCISCO L M.D.
Address: 6885 BELFORT OAKS PLACE, SUITE 240
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCISCO L. GAUDIER, M.D.

PSTD

04/01/2005

Electronic Signature of Signing Officer or Director

Date