

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060780

FILED  
May 01, 2007  
Secretary of State

Entity Name: EDGEWATER GYNECOLOGY, P.A.

## Current Principal Place of Business:

237 N CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

## New Principal Place of Business:

109 W. KNAPP AVENUE  
EDGEWATER, FL 32132

## Current Mailing Address:

237 N CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

## New Mailing Address:

109 W. KNAPP AVENUE  
EDGEWATER, FL 32132

FEI Number: 20-0997496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVE  
SUITE 115  
JACKSONVILLE, FL 32204 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: METCHICK, HEATHER M MD  
Address: 237 N CAUSEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition  
Name: METCHICK, HEATHER M MD  
Address: 109 W. KNAPP AVENUE  
City-St-Zip: EDGEWATER, FL 32132

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: HEATHER M. METCHICK

DR

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date