

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90018 030 ***158.75

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1. Entity Name
EDGEWATER GYNECOLOGY, P.A.



Principal Place of Business
109 W. KNAPP AVENUE
EDGEWATER, FL 32132

Mailing Address
109 W. KNAPP AVENUE
EDGEWATER, FL 32132

40030430



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0997496

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

MAGGIE O'DONNELL
109 W. KNAPP AVE.
EDGEWATER, FL
32132

**DO NOT WRITE
IN THIS SPACE**

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 Maggie O'Donnell MAGGIE O'DONNELL PRACTICE ADMINISTRATOR 2/13/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MD
NAME METCHICK, HEATHER M MD
STREET ADDRESS 109 W. KNAPP AVENUE
CITY-ST-ZIP EDGEWATER, FL 32132

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Heather M. Metchick HEATHER M. METCHICK 2/13/08 386-427-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #