

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 PM 3:39

DOCUMENT # P93000082894 (5)

1. Corporation Name

GAINESVILLE WOMEN'S PHYSICIANS, P.A.

Principal Place of Business

6440 W NEWBERRY RD
SUITE 508
GAINESVILLE FL 32605

Mailing Address

6440 W NEWBERRY RD
SUITE 508
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/24/1993

3a. Date of Last Report

03/02/1994

4. FEI Number

59-3214116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, THOMAS K
6440 W NEWBERRY RD
SUITE 508
GAINESVILLE FL 32605

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	YOUNG, THOMAS K
STREET ADDRESS	6440 W NEWBERRY RD 508
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D
NAME	BARTLEY, ROGERS
STREET ADDRESS	6440 W NEWBERRY RD 508
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D
NAME	MUSKUS, ANDREW M II
STREET ADDRESS	6440 W NEWBERRY RD 508
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D
NAME	HARRIS, KAREN E
STREET ADDRESS	6440 W NEWBERRY RD 508
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D
NAME	COOK, JEAN C
STREET ADDRESS	6440 W NEWBERRY RD 508
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Philip Parenti Debbie Parenti

2/16/95

332-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #