

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current 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

3. Date Incorporated or Qualified

11/24/1993

3a. Date of Last Report

02/20/1995

4. FID 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. 190.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for Change of Registered Agent)

Signature of New Agent (Required for Change of Registered Agent)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1. TITLE
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY, ST, ZIP	4. CITY, ST, ZIP
5. TITLE	5. TITLE
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY, ST, ZIP	8. CITY, ST, ZIP
9. TITLE	9. TITLE
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP
13. TITLE	13. TITLE
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY, ST, ZIP	16. CITY, ST, ZIP
17. TITLE	17. TITLE
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY, ST, ZIP	20. 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 19.07(3)(k), 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

Thomas K Young MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

904-332-7222

CR2E034 (12/95)