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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000082894 (5)

1. Corporation Name

GAINESVILLE WOMEN'S PHYSICIANS, P.A.

Principal Place of Business

Mailing Address

6440 W NEWBERRY RD  
SUITE 508  
GAINESVILLE FL 32605

6440 W NEWBERRY RD  
SUITE 508  
GAINESVILLE FL 32605-4300



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/24/1993

3a. Date of Last Report

03/22/1996

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

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

Thomas K. Young, M.D., Pres.

1-14-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D  
YOUNG, THOMAS K  
STREET ADDRESS 6440 W NEWBERRY RD 508  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME D  
BARTLEY, ROGERS  
STREET ADDRESS 6440 W NEWBERRY RD 508  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME D  
MUSKUS, ANDREW M II  
STREET ADDRESS 6440 W NEWBERRY RD 508  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME D  
HARRIS, KAREN E  
STREET ADDRESS 6440 W NEWBERRY RD 508  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME D  
COOK, JEAN C  
STREET ADDRESS 6440 W NEWBERRY RD 508  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

THOMAS K. YOUNG, M.D.

1-14-97

352-332-7222

CR2E034 (9/96)