2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90186 003 ***150.00

DOCUMENT # P94000011105

1. Entity Name

FIRST COAST OBSTETRICS ASSOCIATES, P.A.

A00068198

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2005 SALT MYRTLE LN ORANGE PARK FL ~~32073~~ 32003	2005 SALT MYRTLE LN ORANGE PARK FL ~~32073-7073~~ 32003

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3224795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POWERS, ROBERT R JR. 2005 SALT MYRTLE LN ORANGE PARK FL ~~32073~~ 32003	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE: Robert R. Powers, Jr. 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) N/A

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
AME	POWERS, ROBERT R JR.	NAME	
TREET ADDRESS	2005 SALT MYRTLE LN	STREET ADDRESS	
TY-ST-ZIP	ORANGE PARK FL ~~32073~~ 32003	CITY-ST-ZIP	
TLE	V ☒ Delete	TITLE	☐ Change ☐ Addition
AME	BAZLEY, ROBERT D	NAME	
TREET ADDRESS	1355 MAHAMA BLUFF	STREET ADDRESS	
TY-ST-ZIP	GREEN COVE SPRINGS FL 32043	CITY-ST-ZIP	
TLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
AME	LIN, M.S.	NAME	
TREET ADDRESS	1605 KINGSLEY AVE	STREET ADDRESS	
TY-ST-ZIP	ORANGE PARK FL 32073	CITY-ST-ZIP	
TLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
AME	MCCAULEY, RICHARD A	NAME	
TREET ADDRESS	1895 KINGSLEY AVE	STREET ADDRESS	
TY-ST-ZIP	ORANGE PARK FL 32073	CITY-ST-ZIP	
TLE	☐ Delete	TITLE	☐ Change ☐ Addition
AME		NAME	
TREET ADDRESS		STREET ADDRESS	
TY-ST-ZIP		CITY-ST-ZIP	
TLE	☐ Delete	TITLE	☐ Change ☐ Addition
ME		NAME	
TREET ADDRESS		STREET ADDRESS	
TY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert R. Powers, Jr. 904-264-6620 April 30, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #