

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90052 004 \*\*\*150.00

<b>DOCUMENT # P94000047123</b> 1. Entity Name <b>NORTH FLORIDA OBSTETRICAL &amp; GYNECOLOGICAL ASSOCIATES, P.A.</b>			
Principal Place of Business <b>4348 SOUTHPOINT BLVD SUITE 200 JACKSONVILLE, FL 32216 US</b>		Mailing Address <b>4348 SOUTHPOINT BLVD SUITE 200 JACKSONVILLE, FL 32216 US</b>	
2. Principal Place of Business <b>11437 Central Parkway Suite 105 Jacksonville, FL 32224 US</b>		3. Mailing Address <b>PO Box 16568 Jacksonville, FL 32245 US</b>	
4. FEI Number <b>59-3250905</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DOOLITTLE, SANDE 4348 SOUTHPOINT BLVD SUITE 200 JACKSONVILLE, FL 32216</b>		7. Name and Address of New Registered Agent <b>Sande Doolittle 11437 Central Parkway # 105 Jacksonville FL 32224</b>	
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: <u>Sande Doolittle, Executive Director</u> <span style="float: right;">DATE: <u>3/14/05</u></span>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS MYERS, RICHARD L MD 836 PRUDENTIAL DR, #1001 JACKSONVILLE, FL 32207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREENHAW, JOSEPH CMD 836 PRUDENTIAL DR, #1001 JACKSONVILLE, FL 32207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STENKLYFT, GERALD D MD 836 PRUDENTIAL DR, #1103 JACKSONVILLE, FL 32207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST AULTMAN, KATHI A MD 1543 KINGSLEY AVE #1 BLDG ORANGE PARK, FL 32073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Kathi A. Aultman</u>		DATE: <u>3/14/05</u>	