

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000047123

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA OBSTETRICAL & GYNECOLOGICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

11437 CENTRAL PARKWAY  
SUITE 105  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16568  
JACKSONVILLE, FL 32245 US

**New Mailing Address:**

**FEI Number:** 59-3250905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOOLITTLE, SANDE  
11437 CENTRAL PARKWAY  
SUITE 105  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GREENE, C. CAMERON M.D.  
Address: 1361 13TH AVE. S. # 190  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TREA  
Name: HARTERT, RICHARD A M.D.  
Address: 3599 UNIVERSITY BLVD., SUITE 1105  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP  
Name: GREENHAW, JOSEPH C M.D.  
Address: 14546 ST. AUGUSTINE RD. # 311  
City-St-Zip: JACKSONVILLE, FL 32258

Title: SEC  
Name: MCCAULEY, RICHARD A M.D.  
Address: 1680 EAGLE HARBOR PARKWAY, SUITE A  
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C. CAMERON GREENE, MD

PRES

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date