


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000074304

1. Entity Name  
**OBSTETRICAL & GYNECOLOGICAL ASSOCIATES OF JACKSONVILLE, P.A.**



Principal Place of Business 3627 UNIVERSITY BLVD. SOUTH, SUITE 340 JACKSONVILLE, FL 32216	Mailing Address 3627 UNIVERSITY BLVD. SOUTH, SUITE 340 JACKSONVILLE, FL 32216
---	---



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3529022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCDYER, DANIEL C  
 3627 UNIVERSITY BLVD. SOUTH SUITE 340  
 JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	MCDYER, DANIEL C 3627 UNIVERSITY BLVD. S., #340 JAX., FL 32216
TITLE V	ANDRES, FRANK J 3627 UNIVERSITY BLVD. S., #340 JAX, FL 32216
TITLE S	SUHRER, J. STEPHEN 3627 UNIVERSITY BLVD. S., #340 JACKSONVILLE, FL 32216
TITLE NAME	
TITLE NAME	
TITLE NAME	

1100000452892  
 113-113-7116-80018-006 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ (Signature) \_\_\_\_\_ 2-28-06 (904) 396-3518 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #