
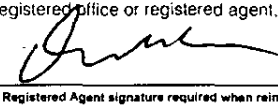
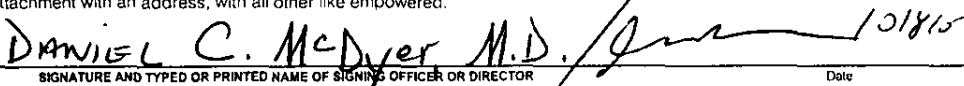


Page 10/2

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 NOV -5 AM 10: 58

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3529022	Applied For Not Applicable
6. Name and Address of Current Registered Agent MCDYER, DANIEL C 3627 UNIVERSITY BLVD. SOUTH SUITE 340 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: DANIEL C. McDyer, M.D. 				DATE: 10/8/07	
* Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	30011082000 Change	<input type="checkbox"/> Addition
NAME	MCDYER, DANIEL C		NAME	10/17/07--01070--024	**150.00
STREET ADDRESS	3627 UNIVERSITY BLVD. S., #340		STREET ADDRESS		
CITY-ST-ZIP	JAX., FL 32216		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRES, FRANK J		NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD. S., #340		STREET ADDRESS		
CITY-ST-ZIP	JAX, FL 32216		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUHRER, J. STEPHEN		NAME	REINSTATEMENT	
STREET ADDRESS	3627 UNIVERSITY BLVD. S., #340		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: DANIEL C. McDyer, M.D. 				DATE: 10/8/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

GERALD M. PLATOCK, M.D., F.A.C.O.G.  
J. STEPHEN SUHRER, M.D., F.A.C.O.G.  
FRANK J. ANDRES, M.D., F.A.C.O.G.  
DANIEL C. McDYER, M.D., F.A.C.O.G.  
LINDSEY R. HALE, CNM, ARNP



*Obstetrical & Gynecological Associates*  
*of Jacksonville, P.A.*

*Page 2 of 2*

Ms. Geraline Saulsberry  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Letter #607A00061659

Dear Ms. Saulsberry,

Per our conversation today, I'm sending back the letter and documents originally sent to reinstate our corporation known as Obstetrical and Gynecological Associates of Jacksonville, PA.

As you can see, I checked the required box on 10-8-07 stating that we had not received a notice about renewing our annual corporation. Therefore, the reinstatement fee should only be \$150 of which you confirmed had been received and processed by the Florida Department of State, Division of Corporations.

I appreciate your review and correction of the additional penalty and understand on your clarification that a mistake was made and the \$150 we have paid satisfies our renewal in full.

Thank you for your assistance in this matter.

Sincerely,

Vicki Suhrer  
Ob/Gyn Associates of Jax