


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT #P98000074304

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



Principal Place of Business Mailing Address

3627 UNIVERSITY BLVD. SOUTH, SUITE 340 JACKSONVILLE, FL 32216 **3627 UNIVERSITY BLVD. SOUTH, SUITE 340 JACKSONVILLE, FL 32216**

DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3529022 Not Applicable

5. Certificate of Status Desired **\$8.75** 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, 2008 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
NAME	MCDYER, DANIEL C
STREET ADDRESS	3627 UNIVERSITY BLVD. S., #340
CITY-ST-ZIP	JAX., FL 32216
TITLE	V
NAME	ANDRES, FRANK J
STREET ADDRESS	3627 UNIVERSITY BLVD. S., #340
CITY-ST-ZIP	JAX, FL 32216
TITLE	S
NAME	SUHRER, J. STEPHEN
STREET ADDRESS	3627 UNIVERSITY BLVD. S., #340
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000850642
 03/25/08-80005-019 150.00

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: Daniel C. McDyer, MD. 3-4-08 (904) 396-3518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #