

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074304

FILED  
Mar 10, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3529022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCDYER, DANIEL C  
3627 UNIVERSITY BLVD. SOUTH SUITE 340  
JACKSONVILLE, FL 32216 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: P  
Name: MCDYER, DANIEL C  
Address: 3627 UNIVERSITY BLVD. S., #340  
City-St-Zip: JAX., FL 32216

Title: V  
Name: ANDRES, FRANK J  
Address: 3627 UNIVERSITY BLVD. S., #340  
City-St-Zip: JAX, FL 32216

Title: S  
Name: SUHRER, J. STEPHEN  
Address: 3627 UNIVERSITY BLVD. S., #340  
City-St-Zip: JACKSONVILLE, FL 32216

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: DANIEL MCDYER

P

03/10/2011

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

\_\_\_\_\_ Date