PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA'DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90128 044 ***150.00

DOCUMENT # P98000107172

NORTH Principal F	FLORIDA OB/GYN WOMEN'S Place of Business POINT PARKWAY LE FL 32216	Mailing Address 6800 SOUTHPOINT PARKWAY SUITE 101 JACKSONVILLE FL 32216				DO NOT WRITE IN		
		مه يو د در سيمه			٠	3. Date Incorporated or Qualifed		
2 Princip	al Place of Business	2a. Mailing Address				12/28/1998 4. FEI Number	l l Ao	plied For
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Suite.	Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22 : City & :	State	City & State	<u> </u>		<u></u>	6, Election Campaign Financing	\$5.00	May Be
23	28					Trust Fund Contribution	Added t	- (
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24 :	9. Name and Address of Curren		1			10. Name and Address of New Regis		
			8	1 Name				
	OCK, RICKARD 01 RIVERPLACE BLVD		8	2 Stree	t Addres	ss (P.O. Box Number is Not Acceptable)		
	HTE 2400			33				
JÀ	CKSONVILLE FL 32207		-	A City			85 Zip (- ode
				City			FL	
office	or registered agent, or both, in the State	of Florida. Such change was auf	horized b	w the con	poration	ration submits this statement for the purpose board of directors. I hereby accept the	appointment as re-	gistered
agent SIGNATU	RF					's board of directors. I hereby accept the	NTE .	
	RE Signature, typed or printed resme of registered ages						ATE	R\$ IN 12
SIGNAT	RE Signature, typed or printed resme of registered ages	nt and title if applicable. (NOTE: F	Registered A	gent signature		when reinstating) D	ATE	
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report as repulsed and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 or Block 13 if changed, or an an address, with all other like empowered.

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TO SIGNAL OFFICER OF DIRECTOR

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