

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91290 017 ***150.00

A0067884

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000107172

1. Entity Name
 NORTH FLORIDA OB/GYN WOMEN'S CENTER, INC.

Principal Place of Business 6800 Southpoint Parkway Suite 101 Jacksonville, FL 32216	Mailing Address 6800 Southpoint Parkway Suite 101 Jacksonville, FL 32216
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2. Principal Place of Business 4348 Southpoint Blvd Suite, Apt. #, etc. #102 City & State Jacksonville FL Zip 32216	3. Mailing Address 4348 Southpoint Blvd Suite, Apt. #, etc. #102 City & State Jacksonville Zip 32216
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4. FEI Number 59-3549781	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

Rickard Brock
 1301 Riverplace Blvd, Suite 2400
 Jacksonville, FL 32207

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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11. OFFICERS AND DIRECTORS

TITLE D	NAME C. Cameron Greene	<input type="checkbox"/> Delete
STREET ADDRESS 836 Prudential Dr # 1202		
CITY-ST-ZIP Jacksonville, FL 32207		
TITLE D	NAME Paul Rebenack	<input type="checkbox"/> Delete
STREET ADDRESS 4205 Belfort Rd Ste 2080		
CITY-ST-ZIP Jacksonville, FL 32216		
TITLE D	NAME Richard A. McCauley	<input type="checkbox"/> Delete
STREET ADDRESS 1895 Kingsley Ave # 1001		
CITY-ST-ZIP Orange Park, FL 32073		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/18/01 904-281-2166 X17
 Date Daytime Phone #

CR2E034 (11/00)