

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90166 020 ***150.00

DOCUMENT # P 9 8 0 0 0 1 0 7 1 7 2

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6800 Southpoint Parkway

Suite, Apt. #, etc.

Suite 101

3. Mailing Address

6800 Southpoint Parkway

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3549781

Applied For

Not Applicable

Zip

32216

Country

US

Zip

32216

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard Brock

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

1301 Riverplace Boulevard

Suite 101

City

Jacksonville

FL

Zip Code
32207

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D.
C. Cameron Greene
836 Prudential Drive, #1202
Jacksonville, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Paul Rebenack
4205 Belfort Road, Suite 2080
Jacksonville, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Richard A. McCauley
1895 Kingsley Avenue, #1001
Orange Park, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

ATTACH # P98000107172/645179

AKERMAN SENTERFITT

ATTORNEYS AT LAW

50 NORTH LAURA STREET

SUITE 2500

JACKSONVILLE, FLORIDA 32202

PHONE (904) 798-3700 • FAX (904) 798-3730

<http://www.akerman.com>

Laura W. Austin
Legal Assistant

Direct Line (904) 598-8617
email: LAustin@Akerman.com

April 22, 2002

VIA FEDERAL EXPRESS

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: 2002 Uniform Business Report Filing for:
NORTH FLORIDA OB/GYN WOMEN'S CENTER, INC.

Dear Sir or Madam:

Enclosed for filing is the 2002 Uniform Business Report for the above referenced entity(s). Also enclosed is a check for the appropriate filing fee.

Thank you for your immediate attention in the filing of this report(s).

Sincerely,

Laura W. Austin

Laura W. Austin
Legal Assistant

Enclosure(s)