


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 18, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000107172</b> 1. Entity Name <b>NORTH FLORIDA OB/GYN WOMEN'S CENTER, INC.</b>	
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Principal Place of Business <b>4348 SOUTHPOINT BOULEVARD SUITE 200 JACKSONVILLE, FL 32216</b>	Mailing Address <b>4348 SOUTHPOINT BOULEVARD SUITE 200 JACKSONVILLE, FL 32216</b>
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**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3549781</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**BROCK, RICKARD  
1301 RIVERPLACE BLVD  
SUITE 2400  
JACKSONVILLE, FL 32207**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000055769 02/18/04-80017-019 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MYERS, RICHARD L M.D. 836 PRUDENTIAL DRIVE, #1001 JACKSONVILLE, FL 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STENKLYFT, GERALD H 836 PRUDENTIAL DRIVE, #1103 JACKSONVILLE, FL 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AULTMAN, KATHI A M.D. 1543 KINGSLEY AVENUE ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <b>(Richard L. Myers, MD)</b>	<b>281-2166</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>