

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90212 039 \*\*\*150.00

DOCUMENT # P98000107172

1. Entity Name

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4348 Southpoint Boulevard

3. Mailing Address  
4348 Southpoint Boulevard

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.  
Suite 200

DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number  
59-3549781

Applied For  
Not Applicable

Zip  
32216

Country  
USA

Zip  
32216

Country  
USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Richard Brock

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

1301 Riverplace Boulevard, Suite 2400

City Jacksonville, FL Zip Code 32207

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - Richard L. Myers, M.D. 836 Prudential Drive, # 1001 Jacksonville, FL 32207	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - Gerald H. Stenklyft, M.D. 836 Prudential Drive, #1103 Jacksonville, FL 32207	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - Kathi A. Aultman, M.D. 1543 Kingsley Avenue Orange, Park, FL 32073	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE *Richard L. Myers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date April 16, 2003  
Daytime Phone # 904-281-2166 x17

CR2E034B (12/02)