

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

DOCUMENT # P99000032698

1. Entity Name
LONDON OBSTETRIC AND GYNECOLOGIC SERVICES, P.A.



03-19-2003 90387 001 *****8.75
03-19-2003 90387 002 ***150.00

Principal Place of Business
9765 SAN JOSE BOULEVARD #1
JACKSONVILLE FL 32257

Mailing Address
9765 SAN JOSE BOULEVARD #1
JACKSONVILLE FL 32257

2. Principal Place of Business
4114 Sunbeam Road

3. Mailing Address
4114 Sunbeam Road

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32257

Country
USA

Zip
32257

Country
USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number
59-3568095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LONDON, BEVERLY M.D.
9765 SAN JOSE BOULEVARD #1
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
London, Beverly M.D.

Street Address (P.O. Box Number is Not Acceptable)
4114 Sunbeam Road

Suite, Apt. #, etc.
Suite 102

City
Jacksonville

FL

Zip Code
32257

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]

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

(NOTE: Registered Agent signature required when reinstating)

3-17-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
D ☐ **Delete**
NAME
LONDON, BEVERLY M.D.
STREET ADDRESS
5900 TOWNSEND ROAD #221
CITY-ST-ZIP
JACKSONVILLE FL 32244

TITLE
M ☐ **Delete**
NAME
MILANES, RAFAEL F
STREET ADDRESS
5900 TOWNSEND RD. APT #221
CITY-ST-ZIP
JACKSONVILLE FL 32244

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP
London, Beverly M.D.
5413 Orchard Lake Drive
Jacksonville, FL 32258

TITLE
NAME ☒ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP
Milanes, Rafael F
5413 Orchard Lake Drive
Jacksonville, FL 32258

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

904-880-1400

Daytime Phone #

CR2E034 (10/02)