

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000107613**1. Entity Name
ST. JOHN OB/GYN, INC.Principal Place of Business
304 MAGNOLIA AVENUE
CLEARWATER FL 33756
Mailing Address
1055 S. FT. HARRISON AV.
CLEARWATER FL 337562. Principal Place of Business
304 MAGNOLIA AVENUE
3. Mailing Address
1055 S. FT. HARRISON AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL
City & State
CLEARWATER FLZip Country
33756 US
Zip Country
33756 US4. FEI Number
59-3612851
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**ST. JOHN PATRICIA A
1055 S. FT HARRISON AVE
CLEARWATER FL 33756 US**7. Name and Address of New Registered Agent**Name
ST. JOHN PATRICIA A.M.D.
Street Address (P.O. Box Number is Not Acceptable)
1055 S. FT HARRISON AVE
City
CLEARWATER FL Zip Code
33756

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 **PATRICIA A. ST. JOHN, M.D.****04/26/2001**

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) ☒**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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE P ☐ Delete
NAME ST JOHN PATRICIA A
STREET ADDRESS 304 MAGNOLIA AVENUE
CITY-ST-ZIP CLEARWATER FL 33756TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PSID ☒ Change ☐ Addition
NAME ST JOHN PATRICIA A.M.D.
STREET ADDRESS 304 MAGNOLIA AVENUE
CITY-ST-ZIP CLEARWATER FL 33756TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: PATRICIA A. ST. JOHN, M.D.**PRES 04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)