

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051717

Entity Name: OBGYN ASSOCIATES OF ST. AUGUSTINE, P.A.

Current Principal Place of Business:

300 HEALTH PARK BLVD
STE 3002
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

300 HEALTH PARK BLVD
STE 3002
SAINT AUGUSTINE, FL 32086 US

FEI Number: 59-3718698

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YARIAN, SUSAN MD
300 HEALTH PARK BLVD., STE 3002
SAINT AUGUSTINE, FL 32086 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name YARIAN, SUSAN M.D.
Address 300 HEALTH PARK BLVD #3002
City-State-Zip: ST. AUGUSTINE FL 32086

Title VP
Name PULSFUS, ERIC M.D.
Address 300 HEALTH PARK BLVD #3002
City-State-Zip: SAINT AUGUSTINE FL 32086

Title SECR
Name SEARLE, THOMAS M.D.
Address 300 HEALTH PARK BLVD, #3002
City-State-Zip: SAINT AUGUSTINE FL 32086

Title DIRECTOR
Name JAGO, KELLY DR.
Address 300 HEALTH PARK BLVD
STE 3002
City-State-Zip: SAINT AUGUSTINE FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN YARIAN, M.D.

PRES

01/05/2019

Electronic Signature of Signing Officer/Director Detail

Date