

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047123

Entity Name: NORTH FLORIDA OBSTETRICAL & GYNECOLOGICAL ASSOCIATES, P.A.**FILED**
Mar 30, 2015
Secretary of State
CC9100925421**Current Principal Place of Business:**11437 CENTRAL PARKWAY
SUITE 105
JACKSONVILLE, FL 32224**Current Mailing Address:**P.O. BOX 16568
JACKSONVILLE, FL 32245 US**FEI Number: 59-3250905****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DOOLITTLE, SANDE
11437 CENTRAL PARKWAY
SUITE 105
JACKSONVILLE, FL 32224 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 GREENE, C. CAMERON M.D.
Address 1361 13TH AVE. S. # 190
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title TREA
Name RODRIGUEZ, LORRAINE MD
Address 6879 SOUTHPOINT DR N
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Title VP
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Title SEC
Name MCCAULEY, RICHARD A. MD
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Title VP
Name ACHOLONU, FELIX DR.
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Title VP
Name ADAMS, CHRISTINA S DR.
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Continues on page 2

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: C. CAMERON GREENE, MD**PRESIDENT****03/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
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