2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004
Secretary of State

DOCUMENT# 492229

Entity Name: OB-GYN ASSOCIATES OF MID-FLORIDA, P.A.

Current Principal Place of Business:

MEDICAL PLAZA 401
601 E. DIXIE AVE.
LEESBURG, FL 34748

New Principal Place of Business:

601 EAST DIXIE AVENUE
MEDICAL PLAZA #401
LEESBURG, FL 34748

Current Mailing Address:

MEDICAL PLAZA 401
601 E. DIXIE AVE.
LEESBURG, FL 34748

New Mailing Address:

601 EAST DIXIE AVENUE
MEDICAL PLAZA #401
LEESBURG, FL 34748

FEI Number: 59-1632976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOFFETT, DOUGLAS H
9545 SILVER LAKE DR.
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

MOFFETT, DOUGLAS H
2212 TALLY COURT ROAD
LEESBURG, FL 34748 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: DOUGLAS H. MOFFETT, M.D. 01/22/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: MOFFETT JR., ALFRED, H.
Address: 410 OAK HAMMOCK LANE
City-St-Zip: LEESBURG, FL

Title: VTD ( ) Delete
Name: MOFFETT, DOUGLAS H
Address: 9545 SILVER LAKE DR.
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALFRED H. MOFFETT, JR., M.D. PSD 01/22/2004
Electronic Signature of Signing Officer or Director Date