

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 533309

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: WINTER PARK OBSTETRICS & GYNECOLOGY, P.A.

**Current Principal Place of Business:**

100 PERTH LN  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 PERTH LN  
WINTER PARK, FL 32792 US

**New Mailing Address:**

FEI Number: 59-1736454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BREIT, BRUCE  
100 PERTH LN  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BREIT, BRUCE M  
Address: 100 PERTH LN  
City-St-Zip: WINTER PARK, FL

Title: VP ( ) Delete  
Name: DUKES, STEVE  
Address: 100 PERTH LANE  
City-St-Zip: WINTER PARK, FL

Title: T ( ) Delete  
Name: LINCOURT, ESTER  
Address: 100 PERTH LANE  
City-St-Zip: WINTER PARK, FL

Title: S ( ) Delete  
Name: JONES, ANNE-MARIE V  
Address: 100 PERTH LN  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 Chapter 119, 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: ESTER LINCOURT MD

T

01/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date