

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morburn  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PH 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 733434 (5)**  
1. Corporation Name  
**OB-GYN SEMINARS, INC.**

Principal Place of Business Mailing Address  
**13086 ZAMBRANA ST.  
CORAL GABLES FL 33156** **13086 ZAMBRANA ST.  
CORAL GABLES FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/19/1984** 3a. Date of Last Report **08/09/1994**  
4. FEI Number **59-1686622** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**LITTLE, WILLIAM A.  
13086 ZAMBRANA STREET  
CORAL GABLES FL 33156**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTLE, WILLIAM A., DR.</b>	1.2 NAME	
STREET ADDRESS	<b>13086 ZAMBRANA ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ-ROCHA, LUIS DR</b>	2.2 NAME	
STREET ADDRESS	<b>3661 S. MIAMI AVE.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTLE, JOAN L.</b>	3.2 NAME	
STREET ADDRESS	<b>13086 ZAMBRANA ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNSICK, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>9540 FORDHAM ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>INDIANAPOLIS IN</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLLOY, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>406-1 HOSPITAL GROUND</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. THOMAS VI</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **6-21-95** **305-666-5605**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR