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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733434 (5)

1. Corporation Name
OB-GYN SEMINARS, INC.



Principal Place of Business 13086 ZAMBRANA ST. CORAL GABLES FL 33156	Mailing Address 13086 ZAMBRANA ST. CORAL GABLES FL 33156-6440
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3. Date Incorporated or Qualified 06/19/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 5934 N.E. 65th St.	2a. Mailing Address 26 5934 N.E. 65th St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Silver Springs, FL	28 City & State Silver Springs, FL
24 Zip 34488	25 Country Marion
29 Zip 34488	30 Country Marion

4. FEI Number 59-1686622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Robert A. Little
82 Street Address (P.O. Box Number is Not Acceptable) 5934 N.E. 65th St.
83
84 City Silver Springs
85 Zip Code FL 34488

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Robert A. Little Robert A. Little 5/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LITTLE, WILLIAM A., DR.	
STREET ADDRESS	13086 ZAMBRANA ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ-ROCHA, LUIS DR	
STREET ADDRESS	3881 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITTLE, JOAN L.	
STREET ADDRESS	13086 ZAMBRANA ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNSICK, ROBERT	
STREET ADDRESS	9540 FORDHAM ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLLOY, DAVID	
STREET ADDRESS	408-1 HOSPITAL GROUND	
CITY-ST-ZIP	ST. THOMAS VI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert A. Little
1.3 STREET ADDRESS	5934 N.E. 65th St.
1.4 CITY-ST-ZIP	Silver Springs, FL 34488
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barbara A. Little
3.3 STREET ADDRESS	16715 S.W. 82nd Ct.
3.4 CITY-ST-ZIP	Miami, FL 33157
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	17422 E. Flat Rock Drive
5.4 CITY-ST-ZIP	Fountain Hills, AZ 85268
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)