2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000045778

Entity Name: OBGYN ASSOCIATES OF THE PALM BEACHES, INC.

FILED Apr 27, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PALM COURT PROFESSIONAL CENTER 3717 BOYNTON BEACH BLVD. 5150 LINTON BLVD, STE #210 SUITE #5

DELRAY BEACH, FL 33484 BOYNTON BEACH, FL 33436

Current Mailing Address: New Mailing Address:

PALM COURT PROFESSIONAL CENTER
5150 LINTON BLVD, STE #210
DELRAY BEACH, FL 33484
3717 BOYNTON BEACH BLVD.
SUITE #5
BOYNTON BEACH, FL 33436

FEI Number: 37-1584403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VERPILE, KENDY DR
PALM COURT PROFESSIONAL CENTER
5150 LINTON BLVD, STE #210
DELRAY BEACH, FL 33484 US

VERPILE, KENDY DR
3717 BOYNTON BEACH BLVD.
SUITE #5
BOYNTON BEACH, FL 33436 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: DR. KENDY VERPILE, MD 04/27/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEC

Name: VERPILE, KENDY DR

Address: 3717 BOYNTON BEACH BLVD. SUITE #5

City-St-Zip: BOYNTON BEACH, FL 33436

Title: PRES

Name: VERPILE, KENDY DR

Address: 3717 BOYNTON BEACH BLVD., SUITE #5

City-St-Zip: BOYNTON BEACH, FL 33436

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: DR. KENDY VERPILE PRES 04/27/2010