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FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 600608

(6)

1. Corporation Name

OB/GYN SPECIALISTS OF THE PALM BEACHES, INC.

Principal Place of Business

2611 Poinsettia Avneue
West Palm Beach, FL 33407

Mailing Address

2611 Poinsettia Avenue
West Palm Beach, FL 33407

3. Date Incorporated or Qualified 3a. Date of Last Report

Nov. 27, 1967

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-1227717

Apply

Not Ap

5. Certificate of Status Desired

☒

\$8.75 Addl
Fee Requir

6. Election Campaign Financing

☐

\$5.00 May
Added to Fe

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PETER A. SHERMAN, M.D.
2611 Poinsettia Avenue
West Palm Beach, FL 33407

10. Name and Address of New Registered Agent

81 Name

JOHN A. BURIGO, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

2611 Poinsettia Avenue

83

84 City

West Palm Beach

FL

85 Zip Code
33407

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

Signature of JOHN A. BURIGO, M.D. (NOTE: Registered Agent signature required when reinstating)

DATE

5/22/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHERMAN, PETER
STREET ADDRESS 2611 Poinsettia Avenue
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE

NAME KOCH, RONALD B.
STREET ADDRESS 2611 Poinsettia Avenue
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE

NAME BURIGO, JOHN A.
STREET ADDRESS 2611 Poinsettia Avenue
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE

NAME ROSS, SHARON E.
STREET ADDRESS 2611 Poinsettia Avenue
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE

NAME BONE, MELANIE KAYE
STREET ADDRESS 2611 Poinsettia Avenue
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE

NAME GORDON, ROBERT C.
STREET ADDRESS 2611 Poinsettia Avneue
CITY-ST-ZIP West Palm Beach, FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

☐ Change ☐

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

400002217874
-06/20/97-01007-014
***550.00

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 o. 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Signature of John A. Burigo, M.D.

5/23/97