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FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 600608 (4)
1. Corporation Name
OB/GYN SPECIALISTS OF THE PALM BEACHES, INC.



Principal Place of Business Mailing Address
2611 POINSETTIA AVENUE 2611 POINSETTIA AVENUE
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/27/1968

4. FEI Number 59-1227717
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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BURIGO, JOHN A M.D.
2611 POINSETTIA AVENUE
WEST PALM BEACH FL 33407

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

John A. Burigo, M.D.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SHERMAN, PETER
STREET ADDRESS 2611 POINSETTIA AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE VPD ☐ DELETE

NAME KOCK, RONALD B
STREET ADDRESS 2611 POINSETTIA AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE STD ☐ DELETE

NAME BURIGO, JOHN A
STREET ADDRESS 2611 POINSETTIA AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE

NAME ROSS, SHARON
STREET ADDRESS 2611 POINSETTIA AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE

NAME BONE, MELANIE K
STREET ADDRESS 2611 POINSETTIA AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE

NAME GORDON, ROBERT C
STREET ADDRESS 2611 POINSETTIA AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE John A. Burigo, M.D.

1/8/98 571 802 5314

CR2E034 (10/97)