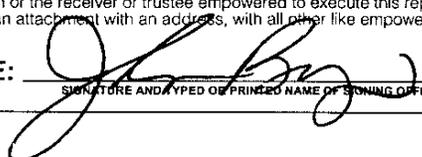


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 APR -6 AM 11:02
TALLAHASSEE, FLORIDA

DOCUMENT # 600608					
1. Entity Name OB/GYN SPECIALISTS OF THE PALM BEACHES, P.A.					
Principal Place of Business 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401			Mailing Address 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1227717	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURIGO, JOHN A M.D. 1515 N FLAGLER DRIVE SUITE 700 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DEBRA MD 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCH, RONALD MD 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURIGO, JOHN A MD 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, MELISSA E MD 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GORDON, ROBERT C MD 1515 N FLAGLER DR STE. 700 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERN, STEVEN MD 1515 N FLAGLER DR., SUITE 700 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 3/29/06 Daytime Phone #: 561-655-3331		



03292006 Chg-P CR2E034 (11/05)

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

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

City _____

FL

Zip Code _____

\$5.00 May Be Added to Fees

200070476142
04/14/06 01071 011 **\$61.25

ATTACHMENT

600608

2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT
ADDITIONAL OFFICERS & DIRECTORS

DOCUMENT # 600608

OB/GYN SPECIALISTS OF THE PALM BEACHES, P.A.

1515 N. FLAGLER DRIVE, SUITE 700
WEST PALM BEACH, FL 33401

Additional Officers and Directors		Additional Officers and Directors	
Title	D	Title	D
Name	GOODMAN, HOWARD MD	Name	VAN GILDER, KELLY DO
Street Address	1515 N. FLAGLER DR, STE 700	Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401	City-St-Zip	WEST PALM BEACH, FL 33401
Title	D	Title	D
Name	MOREL, MARIE MD	Name	WESTON, LAURA MD
Street Address	1515 N. FLAGLER DR, STE 700	Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401	City-St-Zip	WEST PALM BEACH, FL 33401
Title	D	Title	D
Name	PASS, JULIE MD	Name	FALZONE, SAMUEL MD
Street Address	1515 N. FLAGLER DR, STE 700	Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401	City-St-Zip	WEST PALM BEACH, FL 33401
Title	D	Title	D
Name	REILLY, ROBERTA MD	Name	KILEY, LINDA MD
Street Address	1515 N. FLAGLER DR, STE 700	Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401	City-St-Zip	WEST PALM BEACH, FL 33401
Title	D		
Name	ROSS, SHARON MD		
Street Address	1515 N. FLAGLER DR, STE 700		
City-St-Zip	WEST PALM BEACH, FL 33401		
Title	D		
Name	SHERMAN, PETER MD		
Street Address	1515 N. FLAGLER DR, STE 700		
City-St-Zip	WEST PALM BEACH, FL 33401		