


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 600608 1. Entity Name OB/GYN SPECIALISTS OF THE PALM BEACHES, P.A.						FILED 06 APR -6 AM 11:02 HALL OF RECORDS TALLAHASSEE, FLORIDA	
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 Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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	D	JONES, DEBRA MD	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1515 N FLAGLER DR STE 700		NAME			
STREET ADDRESS		WEST PALM BEACH, FL 33401		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	PD	KOCH, RONALD MD	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1515 N FLAGLER DR STE 700		NAME			
STREET ADDRESS		WEST PALM BEACH, FL 33401		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VPD	BURIGO, JOHN A MD	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1515 N FLAGLER DR STE 700		NAME			
STREET ADDRESS		WEST PALM BEACH, FL 33401		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	CARLSON, MELISSA E MD	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1515 N FLAGLER DR STE 700		NAME			
STREET ADDRESS		WEST PALM BEACH, FL 33401		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	STD	GORDON, ROBERT C MD	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1515 N FLAGLER DR STE. 700		NAME			
STREET ADDRESS		WEST PALM BEACH, FL 33401		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	FERN, STEVEN MD	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1515 N FLAGLER DR., SUITE 700		NAME			
STREET ADDRESS		WEST PALM BEACH, FL 33401		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: 				3/29/06 566553331			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

ATTACHMENT

2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT
ADDITIONAL OFFICERS & DIRECTORS

600608

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		