2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# 600608

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

Current Principal Place of Business:

1515 N FLAGLER DR
STE 700
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1515 N FLAGLER DR
STE 700
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-1227717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURIGO, JOHN A M.D.
1515 N FLAGLER DRIVE
SUITE 700
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JONES, DEBRA MD	
Address:	1515 N FLAGLER DR STE 700	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	PD	( ) Delete
Name:	KOCH, RONALD MD	
Address:	1515 N FLAGLER DR STE 700	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	VPD	( ) Delete
Name:	BURIGO, JOHN A MD	
Address:	1515 N FLAGLER DR STE 700	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	CARLSON, MELISSA E MD	
Address:	1515 N FLAGLER DR STE 700	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	STD	( ) Delete
Name:	GORDON, ROBERT C MD	
Address:	1515 N FLAGLER DR STE. 700	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	FERN, STEVEN MD	
Address:	1515 N FLAGLER DR., SUITE 700	
City-St-Zip:	WEST PALM BEACH, FL 33401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN BURIGO VP 02/26/2008

Electronic Signature of Signing Officer or Director — Date