# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 600608

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

FILED
08 MAR 17 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1515 N FLAGLER DR<br>STE 700<br>WEST PALM BEACH, FL 33401 | 1515 N FLAGLER DR<br>STE 700<br>WEST PALM BEACH, FL 33401 |

03112008 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1227717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>JONES, DEBRA MD<br>1515 N FLAGLER DR STE 700<br>WEST PALM BEACH, FL 33401 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>JONES, DEBRA MD<br>1515 N. FLAGLER DR. STE 700<br>WEST PALM BEACH FL 33401 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KOCH, RONALD MD<br>1515 N FLAGLER DR STE 700<br>WEST PALM BEACH, FL 33401 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 800121256158<br>03/25/08--01057--013 **61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>BURIGO, JOHN A MD<br>1515 N FLAGLER DR STE 700<br>WEST PALM BEACH, FL 33401 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 3/18 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARLSON, MELISSA E MD<br>1515 N FLAGLER DR STE 700<br>WEST PALM BEACH, FL 33401 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>GORDON, ROBERT C MD<br>1515 N FLAGLER DR STE. 700<br>WEST PALM BEACH, FL 33401 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GORDON, ROBERT DO<br>1515 N. FLAGLER DR. STE 700<br>WEST PALM BEACH, FL 33401 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERN, STEVEN MD<br>1515 N FLAGLER DR., SUITE 700<br>WEST PALM BEACH, FL 33401 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** _____ 3/11/08 5612545000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 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 | |
|---|---|
| Title | D |
| Name | PORTER, WILLIAM MD |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |
| Title | D |
| Name | MOREL, MARIE MD |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |
| Title | D |
| Name | PASS, JULIE MD |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |
| Title | D |
| Name | COOK, KATHLEEN MD |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |
| Title | D |
| Name | FISHMAN, LOEL MD |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |
| Title | D |
| Name | IANNACCONE, VICTOR MD |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |

| Additional Officers and Directors | |
|---|---|
| Title | D |
| Name | VAN GILDER, KELLY DO |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |
| Title | D |
| Name | WESTON, LAURA MD |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |
| Title | D |
| Name | FALZONE, SAMUEL MD |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |
| Title | D |
| Name | KILEY, LINDA MD |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |
| Title | D |
| Name | PINELLI, DONNA MD |
| Street Address | 1515 N. FLAGLER DR, STE 700 |
| City-St-Zip | WEST PALM BEACH, FL 33401 |