

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600608

FILED  
Jan 04, 2011  
Secretary of State

**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 ( )**

**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

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: JONES, DEBRA MD  
Address: 1515 N FLAGLER DR STE 700  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D  
Name: KOCH, RONALD MD  
Address: 1515 N FLAGLER DR STE 700  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD  
Name: BURIGO, JOHN A MD  
Address: 1515 N FLAGLER DR STE 700  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D  
Name: CARLSON, MELISSA E MD  
Address: 1515 N FLAGLER DR STE 700  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD  
Name: GORDON, ROBERT DO  
Address: 1515 N FLAGLER DR STE. 700  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD  
Name: FERN, STEVEN MD  
Address: 1515 N FLAGLER DR., SUITE 700  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: JOHN BURIGO

PD

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date