

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600608

Entity Name: 0B/GYN SPECIALISTS OF THE PALM BEACHES, INC.**Current Principal Place of Business:**770 NORTHPOINT PARKWAY
STE 102
WEST PALM BEACH, FL 33407**Current Mailing Address:**770 NORTHPOINT PARKWAY
STE 102
WEST PALM BEACH, FL 33407 US**FEI Number:** 59-1227717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURIGO, JOHN A M.D.
770 NORTHPOINT PARKWAY
STE 102
WEST PALM BEACH, FL 33407 US*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

Officer/Director Detail :

Title CAO
Name GOLD, JEFF
Address 770 NORTHPOINT PARKWAY
 STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title PD
Name BURIGO, JOHN A MD
Address 770 NORTHPOINT PARKWAY
 STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title TD
Name FERN, STEVEN MD
Address 770 NORTHPOINT PARKWAY
 STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name FISHMAN, LOEL MD
Address 770 NORTHPOINT PARKWAY
 STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title SD
Name JONES, DEBRA MD
Address 770 NORTHPOINT PARKWAY
 STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title VPD
Name GORDON, ROBERT DO
Address 770 NORTHPOINT PARKWAY
 STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name WESTON, LAURA DR.
Address 770 NORTHPOINT PARKWAY
 STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name BANOONI, AMY MD
Address 770 NORTHPOINT PARKWAY
 STE 102
City-State-Zip: WEST PALM BEACH FL 33407

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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

PRES

01/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOREL, MARIE MD
Address 770 NORTHPOINT PARKWAY
STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name IANNACONE, VICTOR MD
Address 770 NORTHPOINT PARKWAY
STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name FALZONE, SAMUEL MD
Address 770 NORTHPOINT PARKWAY
STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name TUNG, CHIA-LING DR.
Address 770 NORTHPOINT PARKWAY
STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name PASS, JULIE MD
Address 770 NORTHPOINT PARKWAY
STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name CARLSON, MELISSA MD
Address 770 NORTHPOINT PARKWAY
STE 102
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name MELENDY, SASHA G
Address 770 NORTHPOINT PARKWAY
STE 102
City-State-Zip: WEST PALM BEACH FL 33407