

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600608

Entity Name: OB/GYN SPECIALISTS OF THE PALM BEACHES, P.A.**Current Principal Place of Business:**2979 PGA BLVD, #200
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**2979 PGA BLVD, #200
PALM BEACH GARDENS, FL 33410**FEI Number:** 59-1227717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURIGO, JOHN AM.D.
2979 PGA BLVD
SUITE 200
PALM BEACH GARDENS, FL 33410 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	SD
Name	JONES, DEBRA MD
Address	2979 PGA BLVD., #100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	KOCH, RONALD MD
Address	2979 PGA BLVD., #100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	PD
Name	BURIGO, JOHN AMD
Address	2979 PGA BLVD, #100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VPD
Name	GORDON, ROBERT DO
Address	2979 PGA BLVD, #100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TD
Name	FERN, STEVEN MD
Address	2979 PGA BLVD., #100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	CAO
Name	GOLD, JEFF
Address	2979 PGA BLVD., #100
City-State-Zip:	PALM BEACH GARDENS FL 33410

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

01/09/2013

Electronic Signature of Signing Officer/Director Detail

Date