

**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