

2018 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	2979 PGA BLVD., #100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SD
Name	JONES, DEBRA MD
Address	2979 PGA BLVD., #100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	PD
Name	BURIGO, JOHN A MD
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	DIRECTOR
Name	WESTON, LAURA DR.
Address	2979 PGA BLVD, #200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	FISHMAN, LOEL MD
Address	2979 PGA BLVD, #200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	BANOONI, AMY MD
Address	2979 PGA BLVD, #200
City-State-Zip:	PALM BEACH GARDENS FL 33410

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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

01/03/2018

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOREL, MARIE MD
Address 2979 PGA BLVD, #200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name IANNACONE, VICTOR MD
Address 2979 PGA BLVD, #200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name FALZONE, SAMUEL MD
Address 2979 PGA BLVD, #200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name TUNG, CHIA-LING DR.
Address 2979 PGA BLVD, #200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name PASS, JULIE MD
Address 2979 PGA BLVD, #200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name CARLSON, MELISSA MD
Address 2979 PGA BLVD, #200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name MELENDY, SASHA G
Address 2979 PGA BLVD, #200
City-State-Zip: PALM BEACH GARDENS FL 33410