

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008649

Entity Name: OB/GYN SPECIALISTS PROPERTY, LLC**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:** 04-3753686**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURIGO, JOHN
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

Authorized Person(s) Detail :

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

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

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

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

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

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

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

Title AUTHORIZED MEMBER
Name MELENDY, SASHA
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN BURIGO

MGRM

01/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

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

Title MANAGER
Name WINTERROWD, SAMANTHA
Address 770 NORTHPOINT PARKWAY
STE 102
City-State-Zip: WEST PALM BEACH FL 33407