2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000109651

Entity Name: OB/GYN SPECIALISTS PGA PROPERTIES, LLC

FILED
Jan 06, 2017
Secretary of State
CC4630086193

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: 27-3726358 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURIGO, JOHN AMD 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 MGRM Title MGRM

Name BURIGO, JOHN AM.D. Name GORDON, ROBERT CD.O.
Address 2979 PGA BLVD, #200 Address 2979 PGA BLVD, #200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MEMBER Title MEMBER

Name JONES, DEBRA Name MOREL, MARIE

Address 2979 PGA BLVD, #200 Address 2979 PGA BLVD, #200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MEMBER Title MEMBER

Name WESTON, LAURA Name BANOONI, AMY

Address 2979 PGA BLVD, #200 Address 2979 PGA BLVD, #200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MEMBER Title MEMBER

Name CARLSON, MELISSA Name FERN, STEVEN

Address 2979 PGA BLVD, #200 Address 2979 PGA BLVD, #200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

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SIGNATURE: JOHN BURIGO MGR 01/06/2017

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.

Authorized Person(s) Detail Continued:

Title MEMBER Title MEMBER

NamePASS, JULIENameFALZONE, SAMUELAddress2979 PGA BLVD, #200Address2979 PGA BLVD, #200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MEMBER Title MEMBER

NameFISHMAN, LOELNameIANNACCONE, VICTORAddress2979 PGA BLVD, #200Address2979 PGA BLVD, #200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MANAGER Title MANAGER

NameMELENDY, SASHA DR.NameTUNG, CHIA-LING DR.Address2979 PGA BLVD, #200Address2979 PGA BLVD, #200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410