

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109651

**Entity Name:** OB/GYN SPECIALISTS PGA PROPERTIES, 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:** 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  
Name BURIGO, JOHN AM.D.  
Address 770 NORTHPOINT PARKWAY  
STE 102  
City-State-Zip: WEST PALM BEACH FL 33407

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

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

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

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

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

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

Title MEMBER  
Name FISHMAN, LOEL  
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**MANAGER****01/03/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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

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

Title MANAGER  
Name MELENDY, SASHA DR.  
Address 770 NORTHPOINT PARKWAY  
STE 102  
City-State-Zip: WEST PALM BEACH FL 33407

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