Entity Name: OB/GYN SPECIALISTS PGA PROPERTIES, LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

770 NORTHPOINT PARKWAY STE 102 WEST PALM BEACH, FL 33407

DOCUMENT# L10000109651

#### **Current Mailing Address:**

770 NORTHPOINT PARKWAY **STE 102** WEST PALM BEACH, FL 33407 US

## FEI Number: 27-3726358

#### 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

## Authorized Person(s) Detail :

	Person(s) Delan .		
Title	MGRM	Title	MGRM
Name	BURIGO, JOHN AM.D.	Name	GORDON, ROBERT CD.O.
Address	770 NORTHPOINT PARKWAY STE 102	Address	770 NORTHPOINT PARKWAY STE 102
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	WEST PALM BEACH FL 33407
Title	MEMBER	Title	MEMBER
Name	JONES, DEBRA	Name	MOREL, MARIE
Address	770 NORTHPOINT PARKWAY STE 102	Address	770 NORTHPOINT PARKWAY STE 102
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	WEST PALM BEACH FL 33407
Title	MEMBER	Title	MEMBER
Title Name	MEMBER FERN, STEVEN	Title Name	MEMBER PASS. JULIE
Title Name Address	MEMBER FERN, STEVEN 770 NORTHPOINT PARKWAY STE 102		MEMBER PASS, JULIE 770 NORTHPOINT PARKWAY STE 102
Name	FERN, STEVEN 770 NORTHPOINT PARKWAY STE 102	Name	PASS, JULIE 770 NORTHPOINT PARKWAY STE 102
Name Address	FERN, STEVEN 770 NORTHPOINT PARKWAY STE 102	Name Address	PASS, JULIE 770 NORTHPOINT PARKWAY STE 102
Name Address City-State-Zip:	FERN, STEVEN 770 NORTHPOINT PARKWAY STE 102 WEST PALM BEACH FL 33407	Name Address City-State-Zip:	PASS, JULIE 770 NORTHPOINT PARKWAY STE 102 WEST PALM BEACH FL 33407
Name Address City-State-Zip: Title	FERN, STEVEN 770 NORTHPOINT PARKWAY STE 102 WEST PALM BEACH FL 33407 MEMBER	Name Address City-State-Zip: Title	PASS, JULIE 770 NORTHPOINT PARKWAY STE 102 WEST PALM BEACH FL 33407 MEMBER

# Continues on page 2

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

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 09, 2021 Secretary of State 7107784229CC

Certificate of Status Desired: No

Date

# Authorized Person(s) Detail Continued :

Title	MEMBER	Title	MANAGER
Name	IANNACCONE, VICTOR	Name	MELENDY, SASHA DR.
Address	770 NORTHPOINT PARKWAY STE 102	Address	770 NORTHPOINT PARKWAY STE 102
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	WEST PALM BEACH FL 33407
Title	MANAGER	Title	MGR
Title Name	MANAGER TUNG, CHIA-LING DR.	Title Name	MGR WINTERROWD, SAMANTHA