

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455573

FILED
May 24, 2006
Secretary of State

Entity Name: PUTNAM OBSTETRICS AND GYNECOLOGY, P.A.

Current Principal Place of Business:

700 ZEAGLER DRIVE,STE.10
PALATKA, FL 321773899

New Principal Place of Business:

530 ZEAGLER DRIVE SUITE #2
PALATKA, FL 321773899

Current Mailing Address:

700 ZEAGLER DRIVE,STE.10
PALATKA, FL 321773899

New Mailing Address:

530 ZEAGLER DRIVE, SUITE #2
PALATKA, FL 321773899

FEI Number: 59-1547954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKHIYAT, MICHAEL
700 ZEAGLER DRIVE,STE.10
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

AKHIYAT, MICHAEL
530 ZEAGLER DRIVE, SUITE #2
PALATKA, FL 32177 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: MOHAMED M. AKHIYAT

05/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AKHIYAT, MOHAMAD M
Address: 700 ZEAGER DR #10
City-St-Zip: PALATKA, FL

Title: S () Delete
Name: STRUBBE, KENNETH
Address: 700 ZEAGLER DR #10
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AKHIYAT, MOHAMAD M
Address: 530 ZEAGLER DRIVE #2
City-St-Zip: PALATKA, FL 32177

Title: S (X) Change () Addition
Name: STRUBBE, KENNETH
Address: 530 ZEAGLER DRIVE, #2
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOHAMED M. AKHIYAT

P

05/24/2006

Electronic Signature of Signing Officer or Director

Date