

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90371 047 \*\*\*150.00

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03062007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 455573</b> 1. Entity Name PUTNAM OBSTETRICS AND GYNECOLOGY, P.A.					
Principal Place of Business 530 ZEAGLER DRIVE SUITE #2 PALATKA, FL 32177-3899			Mailing Address 530 ZEAGLER DRIVE, SUITE #2 PALATKA, FL 32177-3899		
2. Principal Place of Business - No P.O. Box # 6061 St. Johns Ave Suite, Apt. #, etc. Suite A City & State Palatka, FL Zip 32177 Country USA		3. Mailing Address 6061 St. Johns Ave Suite, Apt. #, etc. Suite A City & State Palatka, FL Zip 32177 Country USA		4. FEI Number 59-1547954 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent AKHIYAT, MICHAEL 530 ZEAGLER DRIVE, SUITE #2 PALATKA, FL 32177	
7. Name and Address of New Registered Agent Name AKhiyat, Michael Street Address (P.O. Box Number is Not Acceptable) 6061 St. Johns Avenue City Palatka FL Zip Code 32177				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> 3/7/07 <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	P AKHIYAT, MOHAMAD M <input type="checkbox"/> Delete 530 ZEAGLER DRIVE #2 PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY ST ZIP	P AKhiyat, Mohamad M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6061 St. Johns Avenue Palatka, FL 32177	
TITLE NAME STREET ADDRESS CITY ST ZIP	S STRUBBE, KENNETH <input type="checkbox"/> Delete 530 ZEAGLER DRIVE, #2 PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY ST ZIP	S Strubbe, Kenneth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6061 St. Johns Avenue Palatka, FL 32177	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/7/07 386-325-0826 <small>Date Daytime Phone #</small>		