

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 492229

FILED
Jan 04, 2006
Secretary of State

Entity Name: OB-GYN ASSOCIATES OF MID-FLORIDA, P.A.

Current Principal Place of Business:

601 EAST DIXIE AVENUE
MEDICAL PLAZA #401
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

601 EAST DIXIE AVENUE
MEDICAL PLAZA #401
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-1632976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFFETT, DOUGLAS H
2212 TALLY COURT ROAD
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MOFFETT JR., ALFRED H
Address: 410 OAK HAMMOCK LANE
City-St-Zip: LEESBURG, FL 34748 US

Title: VTD () Delete
Name: MOFFETT, DOUGLAS H
Address: 2212 TALLY COURT ROAD
City-St-Zip: LEESBURG, FL 34748 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALFRED H. MOFFETT, JR.

PSD

01/04/2006

Electronic Signature of Signing Officer or Director

_____ Date