FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

. PROFIT
CORPORATION
ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **517789** (4)

1. Corporation Name

OB-GYN ASSOCIATES, LEVIN, COHEE AND BULL, M.D.'S , P.A.

Principal Place of Business

35207 US 19 N
PALM HARBOR FL 34684
US

Mailing Address

35207 US 19 N
PALM HARBOR FL 34684
US

3. Date Incorporated or Qualified: **11/01/1976**

3a. Date of Last Report: **04/10/1995**

4. FEI Number: **59-1695461** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

LEVIN HARVEY A.
35207 N US 19
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and Rule 1.1608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X _____ Harvey A. Levin, Pres. 2/16/96
Signature of Registered Agent — Name and Title of Officer — Date

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	VCOHEE, JOHN	
STREET ADDRESS	35207 N US 19	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	ST	☒ DELETE
NAME	BULL, TAMMY ANN	
STREET ADDRESS	35207 N US 19	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	President	☐ DELETE
NAME	LEVIN, HARVEY A.	
STREET ADDRESS	35207 US 19 N	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

$45.00 $200.00 1/31/96
$ dep. by bank

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, complete and filed on behalf of the entity for the purpose of complying with Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ 2/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Harvey A. Levin