FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **520937** **(4)**

1. Corporation Name
WYMORE OB/GYN SPECIALISTS, P.A.

Principal Place of Business	Mailing Address
650 WYMORE RD WINTER PARK FL 32789	650 WYMORE RD WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/01/1977**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1706017** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOOVER, ROBERT T.
650 WYMORE RD.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: LOUIS STERN, M.D
82 Street Address (P.O. Box Number is Not Acceptable): 650 WYMORE RD SUITE 201
83
84 City: WINTER PARK FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: [signature] 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HOOVER, ROBERT T.	12 NAME	STERN, LOUIS	
STREET ADDRESS	650 WYMORE ROAD	13 STREET ADDRESS	650 WYMORE RD	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	WINTER PARK, FLA 32789	
TITLE	PD	21 TITLE	NP & SECRETARY	☒ Change ☐ Addition
NAME	HOOVER, FREDERICK A.	22 NAME	SCHECHTER, HOWARD	
STREET ADDRESS	650 WYMORE ROAD	23 STREET ADDRESS	650 WYMORE RD	
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	WINTER PARK, FLA 32789	
TITLE	SD	31 TITLE	ST	☒ Change ☐ Addition
NAME	STERN, LOUIS	32 NAME	ABUDESCU, NICHOLAS	
STREET ADDRESS	650 WYMORE ROAD	33 STREET ADDRESS	650 WYMORE RD	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	WINTER PARK, FLA 32789	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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: [signature] 4/3/95 (407) 647-6671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0644184 CP