

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 520937

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



Principal Place of Business

615 E PRINCETON ST
STE 101
ORLANDO, FL 32803 US

Mailing Address

615 E PRINCETON ST
STE 101
ORLANDO, FL 32803 US

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1706017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRUDESCU, NICHOLAS
615 E PRINCETON ST
STE 101
ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ABRUDESCU, NICHOLAS
STREET ADDRESS 615 E PRINCETON ST STE 101
CITY - ST - ZIP ORLANDO, FL 32803

TITLE VP
NAME BROWN, NANCY
STREET ADDRESS 615 E PRINCETON ST STE 101
CITY - ST - ZIP ORLANDO, FL 32803

TITLE ST
NAME KAI, FU
STREET ADDRESS 615 E PRINCETON ST. STE 101
CITY - ST - ZIP ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

U00000187512
01/24/05-80019-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05

Date

407-898-9922

Daytime Phone #