


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 533309	
1. Entity Name WINTER PARK OBSTETRICS & GYNECOLOGY, P.A.	

Principal Place of Business 100 PERTH LN WINTER PARK, FL 32792 US	Mailing Address 100 PERTH LN WINTER PARK, FL 32792 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BREIT, BRUCE 100 PERTH LN WINTER PARK, FL 32792	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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREIT, BRUCE M 100 PERTH LN WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUKES, STEVE 100 PERTH LANE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINCOURT, ESTER 100 PERTH LANE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, ANNE-MARIE V 100 PERTH LN WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/04-80052-018 150.00

**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)(i), 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: Bruce Breit, M.D. 4/19/04 (407) 645-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #