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Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 600608

(6)

1. Corporation Name
OB/GYN SPECIALISTS OF THE PALM BEACHES, INC.



Principal Place of Business: 2611 Poinsettia Avenue, West Palm Beach, FL 33407
Mailing Address: 2611 Poinsettia Avenue, West Palm Beach, FL 33407

3. Date Incorporated or Qualified: Nov. 27, 1967
3a. Date of Last Report

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City, State, Zip, and Country.

4. FEI Number: 59-1227717
5. Certificate of Status Desired: [X] \$8.75 Addl Fee Requir
6. Election Campaign Financing: [] \$5.00 May Added to Fe
8. This corporation has liability for intangible tax under s. 199 Florida Statutes: [X] Yes [] No

9. Name and Address of Current Registered Agent
PETER A. SHERMAN, M.D.
2611 Poinsettia Avenue
West Palm Beach, FL 33407

10. Name and Address of New Registered Agent
81 Name: JOHN A. BURIGO, M.D.
82 Street Address: 2611 Poinsettia Avenue
83
84 City: West Palm Beach FL 85 Zip Code: 33407

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] DATE: 5/22/97

Table with 7 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for SHERMAN, KOCH, BURIGO, ROSS, BONE, and GORDON.

Table with 8 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes a new entry for BURIGO and a change to the FEI number.

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under o 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, changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 5/22/97