

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90088 045 \*\*\*150.00

DOCUMENT # 600608

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1968

4. FEI Number

59-1227717

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1515 No Flagler Drive

22 Suite, Apt. #, etc.  
Suite 700

23 City & State  
West Palm Beach

24 Zip  
33401

25 Country

2a. Mailing Address

26 1515 No Flagler Drive

27 Suite, Apt. #, etc.  
Suite 700

28 City & State  
West Palm Beach FL

29 Zip  
33401

30 Country

9. Name and Address of Current Registered Agent

BURIGO, JOHN A M.D.  
2611 POINSETTIA AVENUE  
WEST PALM BEACH FL 33407

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 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

*John A. Burigo*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SHERMAN, PETER  
STREET ADDRESS 2611 POINSETTIA AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE VPD ☐ DELETE

NAME KOCK, RONALD B  
STREET ADDRESS 2611 POINSETTIA AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE STD ☐ DELETE

NAME BURIGO, JOHN A  
STREET ADDRESS 2611 POINSETTIA AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE

NAME ROSS, SHARON  
STREET ADDRESS 2611 POINSETTIA AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE

NAME BONE, MELANIE K  
STREET ADDRESS 2611 POINSETTIA AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE

NAME GORDON, ROBERT C  
STREET ADDRESS 2611 POINSETTIA AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME KOCH, RONALD B

2.3 STREET ADDRESS 1515 No Flagler Drive Suite 700

2.4 CITY-ST-ZIP West Palm Beach FL 33401

3.1 TITLE VPD ☒ Change ☐ Addition

3.2 NAME BURIGO JOHN A

3.3 STREET ADDRESS 1515 No Flagler Drive Suite 700

3.4 CITY-ST-ZIP West Palm Beach FL 33401

4.1 TITLE ~~STD~~ ☒ Change ☐ Addition

4.2 NAME ROSS, SHARON

4.3 STREET ADDRESS Same

4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME JONES, DEBRA

5.3 STREET ADDRESS 1515 No Flagler Drive Suite 700

5.4 CITY-ST-ZIP West Palm Beach FL 33407

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*John A. Burigo* John A. Burigo 1/15/99 561 8025304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0325037