

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90010 002 \*\*\*150.00

**DOCUMENT # 600608**

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

**811699**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1515 N FLAGLER DR STE 700 WEST PALM BEACH FL 33401	Mailing Address 1515 N FLAGLER DR STE 700 WEST PALM BEACH FL 33401-3431
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1227717</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**BURIGO, JOHN A M.D.**  
**2611 POINSETTIA AVENUE**  
**WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1515 N Flagler Drive**  
**Suite 700**  
 City  
**West Palm Beach FL 33401-3431**

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.  
 SIGNATURE *John Burigo* (NOTE: Registered Agent signature required when reinstating) DATE 2/2/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, DEBRA</b> <b>1515 N FLAGLER DR STE 700</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KOCK, RONALD B</b> <b>1515 N FLAGLER DR STE 700</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BURIGO, JOHN A</b> <b>1515 N FLAGLER DR STE 700</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ROSS, SHARON</b> <b>2611 POINSETTIA AVENUE</b> <b>WEST PALM BEACH FL 33407</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BONE, MELANIE K</b> <b>2611 POINSETTIA AVENUE</b> <b>WEST PALM BEACH FL 33407</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GORDON, ROBERT C</b> <b>2611 POINSETTIA AVENUE</b> <b>WEST PALM BEACH FL 33407</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Correct spelling*  
**Koch**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Burigo* DATE: 2/2/00 5616551923  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)