

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 600608**

1. Entity Name

**OB/GYN SPECIALISTS OF THE PALM BEACHES, INC.****FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

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

**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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BURIGO, JOHN A M.D.</b> <b>2611 POINSETTIA AVENUE</b> <b>WEST PALM BEACH FL 33407</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1515 N Flagler Drive</b> <b>Suite 700</b> City <b>West Palm Beach</b> FL <b>33401-3431</b>	
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 <u><i>John Burigo</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/2/00</u>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Correct spelling</b> <b>Koch</b> <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>John Burigo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>2/2/00</u> 5616551923 Daytime Phone #	

CR2E034 (9/99)